

**HEALTH SERVICES AND DEVELOPMENT AGENCY MEETING  
SEPTEMBER 23, 2015  
APPLICATION SUMMARY**

**NAME OF PROJECT:** CAMM Care dba Patriot Homecare

**PROJECT NUMBER:** CN1506-023

**ADDRESS:** 514 Devonia Street  
Harriman, (Roane County), Tennessee 37748-2115

**LEGAL OWNER:** CAMM Care, LLC  
514 Devonia Street  
Harriman, (Roane County), Tennessee 37748-2115

**OPERATING ENTITY:** Not Applicable

**CONTACT PERSON:** Anne Sumpter Arney  
(615) 238-6360

**DATE FILED:** June 15, 2015

**PROJECT COST:** \$41,080

**FINANCING:** Cash Reserves

**PURPOSE FOR FILING:** Establishment of a home health organization and the initiation of home health services

**DESCRIPTION:**

CAMM Care dba Patriot Homecare is seeking approval to establish a home care organization and initiate home health services in Anderson, Knox, Meigs, Morgan, and Roane counties. The home office will be located at 514 Devonia Street, Harriman (Roane County), TN 37748-2115.

The only focus of the applicant is to provide home health services to individuals whom are eligible for health care services under the Energy Employees

Occupational Illness Compensation Program Act (EEOICPA) which was implemented by the United States Department of Labor.

### SERVICE SPECIFIC CRITERIA AND STANDARD REVIEW

#### HOME HEALTH SERVICES

1. The need for home health agencies/services shall be determined on a county by county basis.
2. In a given county, 1.5 percent of the total population will be considered as the need estimate for home health services in that county.

The 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed service area.

3. Using recognized population sources, projections for four years into the future will be used.
4. The use rate of existing home health agencies in the county will be determined by examining the latest utilization rate as calculated in the Joint Annual Report of existing home health agencies in the service area.

Based on the number of patients served by home health agencies in the service area, estimation will be made as to how many patients could be served in the future.

*Following Steps 1-4 above the Department of Health report that is based on 2014 data, indicates that 9,821 service area residents will need home health care in 2019; however 15,247 patients are projected to be served in 2019 resulting in a net excess of 5,426 patients.*

*It appears that this application does not meet the criterion; however it should be noted that the applicant intends to serve only individuals who qualify for benefits under the federal government's Energy Employees Occupational Illness Compensation Program Act.*

5. Documentation from referral sources:
  - a. The applicant shall provide letters of intent from physicians and other referral sources pertaining to patient referral.

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*The applicant provided a referral letter dated April 13, 2015 from Clary Foote, MD. The letter is located in the supplemental response, Attachment C Need 5.*

*It appears this criterion has been met.*

- b. The applicant shall provide information indicating the types of cases physicians would refer to the proposed home health agency and the projected number of cases by service category to be provided in the initial year of operation.

*The applicant provided a referral letter dated April 13, 2015 from Clary Foote, MD. In Supplemental One, a revised letter from Clary Foote, MD was requested from the applicant noting the number of referrals that would be made to the proposed agency in Year One and Year Two. The applicant was unable to provide a letter within the timeframe requested.*

*The applicant notes EEOICPA beneficiaries are not typically referred by their physician for home health services.*

*It appears this criterion has not been met.*

- c. The applicant shall provide letters from potential patients or providers in the proposed service area that state they have attempted to find appropriate home health services but have not been able to secure such services.

*The applicant provides a letter from Dr. Clary Foote and two letters from patients.*

*A letter from Clary Foote, MD is referenced but the physician letter did not state attempts have been attempted to find appropriate home health services but have not been able to secure such services.*

*The applicant provides three letters from patients, with one of the patient letters being co-signed by Summit Medical Group of Oak Ridge. The letter indicated the care available was either inadequate or perceived to be inadequate.*

*It appears this criterion has been met.*

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- d. The applicant shall provide information concerning whether a proposed agency would provide services different from those services offered by existing agencies.

*According to the Department of Health, there are currently 8 Home Health agencies enrolled in EEOICP that serve Anderson, Knox, Morgan and Roane Counties, with none serving Meigs County.*

*It appears this criterion has not been met.*

6. The proposed charges shall be reasonable in comparison with those of other similar facilities in the service area or in adjoining service areas.

- a. The average cost per visit by service category shall be listed.

*The applicant provided an EEOICP fee schedule chart in the supplemental response.*

*It appears this criterion has been met.*

- b. The average cost per patient based upon the projected number of visits per patient shall be listed.

*The applicant projects to serve 30 patients in Year One and 60 patients in Year Two. The applicant's projected average cost per patient will be \$71,797.00 in Year One and \$67,963.00 in Year Two.*

*It appears this criterion has been met.*



## Staff Summary

*Note to Agency members: This staff summary is a synopsis of the original application and supplemental responses submitted by the applicant. Any HSDA Staff comments will be presented as a "Note to Agency members" in bold italics.*

### Summary

CAMM Care LLC dba Patriot Homecare is requesting a certificate of need (CON) to provide home health private duty nursing services restricted to EEOICP beneficiaries. Patriot is currently licensed by the Tennessee Department of Mental Health and Substance Abuse Services to provide personal support services and is an authorized provider of home health services under EEOICP. Both personal support services and home health care are categorized as home health by the EEOICPA.

Currently Patriot is providing personal support services to 15 EEOICP beneficiaries. The applicant intends to continue to provide the personal support services it currently provides but also provide 24/7 and periodic private duty type nursing services. The applicant describes the services provided will range from simple weekly visits to comprehensive, 24 Hour, seven day a week in home care. The applicant does not plan to provide home health intermittent episodic care.

An overview of the project is provided in Attachment B-1 (Executive Summary) of the original application.

The applicant projects the initiation of service in October 2015.

### Overview of EEOICPA

- The Energy Employees Occupational Illness Compensation Program Act (EEOICPA) and Radiation Exposure Compensation Act (RECA) were enacted by Congress on October 30, 2000, and became effective July 31, 2001 to provide compensation and health benefits to eligible Department of Energy nuclear weapons workers including former employees, contractors, and subcontractors to compensate for certain occupational illnesses.
- The United States Department of Labor's Office of Workers Compensation Program is responsible for adjudicating and administering claims for former employees or certain qualified survivors.
- In the supplemental response, the applicant describes the typical EEOICP patient as suffering from respiratory conditions, cancer, and other

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consequential illnesses related to exposure to asbestos, beryllium, and radiation exposure.

#### **Ownership**

- CAMM Care, LLC is owned by Caleb Mullins.
- CAMM Care, LLC is a Tennessee registered active limited liability company formed on April 1, 2014.
- The applicant currently owns Patriot Homecare licensed as a Tennessee Support Services Agency by the Tennessee Department of Mental Health and Substance Abuse Services.
- Patriot Homecare is one year old and is managed by Megan Mullins who has four years in managing EEOICPA home health services.

#### **Facility Information**

- CAMM Care, LLC will lease (month to month) 1,200 square feet of office space
- The office floor plan includes main office space, 2 additional offices, and a reception area.
- The floor plan is included in Attachment B-IV in the original application.

#### **Project Need**

- There are eight active Department of Energy worksites in Oak Ridge (Anderson County), TN. In the counties surrounding Anderson County there is a need to provide home health services greater than other areas of Tennessee and the need calculated using the Guidelines for Growth.
- The 2014 Joint Annual Report indicates there is only one home health agency in the service area that provides both homemaker and private duty skilled nursing to EEOICP beneficiaries, and only three providing private duty nursing.
- EEOICP beneficiaries have only one choice in the proposed service area if they want a single agency to provide both their homemaker services and private duty type nursing.
- As of May 25, 2015 there were 14,215 new EEOICP beneficiaries in Tennessee. The number of EEOICP patients will continue to increase and the need for home health services will continue to grow.

*Note to Agency members: Since the Joint Annual Report does not specifically have a listed category for EEOICP, the treatment of these patients may be underreported.*

### Service Area Demographics

The applicant's declared service area is Anderson, Knox, Meigs, Morgan, and Roane counties. An overview of the service area is provided as follows:

- The total population of the 5 county service area is estimated at 624,353 residents in calendar year (CY) 2015 increasing by approximately 3.9% to 648,571 residents in (PY) 2019.
- The overall statewide population is projected to grow by 3.7% from 2015 to 2019.
- The service area 65 and older population will increase from 16.3% of the general population in 2015 to 18.2% in 2019. The statewide 65 and older population will increase from 15.2% in 2015 of the general population to 16.5% in 2019.

*Sources: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics, U.S. Census Bureau, Bureau of TennCare.*

### Service Area Historical Utilization

The trend of home health patients served in each of the proposed service area counties is presented in the following table:

County	Number of Licensed Agencies (2014)	Number of Home Health Agencies that Served (2014)	2012 Patients Served in Service Area	2013 Patients Served in Service Area	2014 Patients Served in Service Area	Percent Changed (2012 to 2014)
Anderson	24	19	2,955	2,893	2,614	-11.54%
Knox	24	22	9,723	9,967	8,794	-9.55%
Meigs	23	18	381	346	358	-6.04%
Morgan	25	18	508	472	561	10.43%
Roane	26	19	2,211	2,353	2,191	-0.90%
<b>Total Service Area</b>	<b>48*</b>	<b>40*</b>	<b>15,778</b>	<b>16,031</b>	<b>14,518</b>	<b>-7.99%</b>

*Source: Department of Health Licensure - 9/12/2014 (Updated 7/31/2015)*

*\*Home Care Solutions-Etowah Closed 10/31/2014 and Camellia Home Health of Southeast TN Closed 9/13/2013*

- The preceding chart demonstrates there has been a 7.99% overall decrease in home health patients served in the 5 county service area counties between 2012 and 2014.

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- Anderson County reflected the largest decrease in home health utilization from 2,955 patients in 2012 to 2,614 in 2014, an 11.5% decrease.
- Morgan County was the only county that experienced an increase in home health patients from 508 in 2012 to 561 in 2014, a 10.4% increase.

The following chart identifies each agency's market share (agency patients from service area/total service area patients) and service area dependence (agency service area patients/agency total patients).

#### 2014 Overall Home Health Agency Service Market Share and Patient Origin

Licensed Agency	Agency Patients from Service Area	Total Patients Served (Agency)	% Market Share of Service Area	Service Area Dependence
Clinch River Home Health <sup>1</sup>	449	481	3.09%	93.35%
*Home Option by Harden Health Care, The 1	58	72	0.40%	80.56%
Professional Case Management of Tennessee 1	135	173	0.93%	78.03%
Blount Memorial Hospital Home Health Services	9	1,281	0.06%	0.70%
Family Home Care - Cleveland	62	1,454	0.43%	4.26%
Home Health Care of East Tennessee, Inc.	192	2,680	1.32%	7.16%
Sunbelt Homecare	18	243	0.12%	7.41%
Elk Valley Health Services Inc.	13	293	0.09%	4.44%
Home Care Solutions, Inc.	243	1,689	1.67%	14.39%
Quality Home Health	1,292	3,591	8.90%	35.98%
Quality Private Duty Care	53	894	0.37%	5.93%
Caresouth HHA Holdings of Winchester, LLC	6	2,444	0.04%	0.25%
Amedisys Home Health Care	0	3,210	0.00%	0.00%
Premier Support Services, Inc.	8	1,372	0.06%	0.58%
Univ. of TN Med. Ctr Home Health/Hospice Service	3	751	0.02%	0.40%
Alere Women's and Children's Health LLC	0	50	0.00%	0.00%
Amedisys Home Health	56	2,564	0.39%	2.18%
**Camellia Home Health of Southeast TN (Closed 9/13/2013)	0	17	0.00%	0.00%
Continuare Healthservices, Inc.	5	1,393	0.03%	0.36%
Continuare Healthservices, Inc. II	0	7	0.00%	0.00%
Gentiva Health Services	2	348	0.01%	0.57%

<sup>1</sup> Indicated in Joint Annual Report that EEOICP patients were served.

Guardian Home Care, LLC	53	1,255	0.37%	4.22%
Home Care Solutions	3	540	0.02%	0.56%
Life Care At Home Of Tennessee	5	1,298	0.03%	0.39%
Maxim Healthcare Services	1	53	0.01%	1.89%
Memorial Hospital Home Health	17	2,651	0.12%	0.64%
NHC Homecare	0	411	0.00%	0.00%
Amedisys Home Health Care	2,728	4,391	18.79%	62.13%
Camellia Home Health of East Tennessee	692	1,732	4.77%	39.95%
Careall Home Care Services	568	686	3.91%	82.80%
Covenant Homecare	3007	4,792	20.71%	62.75%
East TN Children's Hospital Home Health	293	600	2.02%	48.83%
Gentiva Health Services	255	413	1.76%	61.74%
Gentiva Health Services 2 (Girling Health Care)	845	1,815	5.82%	46.56%
Maxim Healthcare Services, Inc.	54	154	0.37%	35.06%
NHC Homecare	764	883	5.26%	86.52%
Tennova Healthcare Home Health	1,834	3,240	12.63%	56.60%
UTMCK-Home Care Services: Hospice & Home Care	366	771	2.52%	47.47%
Deaconess Homecare	0	1,294	0.00%	0.00%
**Home Care Solutions - Etowah (Closed 10/31/2014)	1	59	0.01%	1.69%
NHC Homecare	30	358	0.21%	8.38%
Intrepid USA Healthcare Services	285	355	1.96%	80.28%
Sweetwater Hospital Home Health	51	625	0.35%	8.16%
Professional Home Health Care Agency	0	2,760	0.00%	0.00%
Amedisys Home Health	27	949	0.19%	2.85%
NHC Homecare	2	4,180	0.01%	0.05%
Deaconess Homecare	33	603	0.23%	5.47%
Meritan (Senior Services Home Health)	0	632	0.00%	0.00%
<b>Total</b>	<b>14,518</b>	<b>62,507</b>		

Source: Department of Health Licensure-9/12/2014 (Updated 6/19/2015)

\*Home Option by Harden Health Care home office was originally located in Knox County. 2012 to 2014, their JAR was reported under the Knox County location.\*\*Home Care Solutions-Etowah Closed 10/31/2014 and Camellia Home Health of Southeast TN (Closed 9/13/2013)

The above chart reveals the following market share and patient origin information:

- Even though there are 48 home health agencies that are licensed in the service area, only 3 agencies had market share in excess of 10%: Covenant Homecare (20.71%), Amedisys Home Health Care (18.79%), and Tennova Healthcare Home Health (12.63%).

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- Of the 48 home health agencies that are licensed in the service area, only 3 agencies reported in the 2014 Joint Annual Reported EEOICP revenue: Clinch River Home Health, The Home Option by Harden Health Care, and Professional Case Management of Tennessee.
- 3 agencies had market share between 5% and 10%: NHC Homecare (5.26%), Gentiva Health Services 2 (Girling Health Care) (5.82%), and Quality Home Health (8.90).
- The following seven home health agencies were licensed to provide home health service in the service area, but did not provide care to any patients residing in Anderson, Knox, Meigs, Morgan, or Roane Counties in 2014: Alere Women's and Children's Health LLC, Amedisys Home Health (Hamblen), Continucare Healthservices, Inc. II, Deaconess Homecare, Meritan (Senior Services Home Health), NHC Homecare and Professional Home Health Care Agency.

According to the 2014 Joint Annual Reports, the following chart identifies home health agencies in the 5 county service area that received EEOICP revenue in 2014. As indicated earlier, the Joint Annual Report does not list a reporting category for EEOICP patients, but does provide a blank revenue category to report EEOICP revenue.

**2014 Service Area Home Health Agency EEOICP Revenue Share**

Licensed Agency	Total Revenue	EEOICP Revenue	% EEOICP Revenue	Agency Patients from Service Area	Total Patients Served (Agency)	% Market Share of Service Area	Service Area Dependence
Clinch River Home Health	\$2,837,699	\$517,736	18.2%	449	481	3.09%	93.4%
The Home Option by Harden Health Care	\$2,344,594	\$2,142,639	91.4%	58	72	0.40%	80.6%
Professional Case Management of Tennessee	\$18,094,116	\$18,094,116	100%	135	173	0.93%	78%
<b>Total</b>	<b>\$23,276,409</b>	<b>\$20,754,491</b>	<b>89.1%</b>	<b>642</b>	<b>726</b>	<b>4.4%</b>	

*Source: 2014 Department of Health, Joint Annual Reports*

The chart above reflects the following EEOICP revenue information:

- 2 agencies had dependence on EEOICP revenue between 90% and 100%: Home Option by Harden Health (91.4%) and Professional Case Management of Tennessee (100%).
- Overall, the 3 EEOICP home health agencies had service area dependence between 78% and 93.4%: Clinch River Home Health (93.4%), The Home Option by Harden Health Care (80.6%), and Professional Case Management (78%).
- The EEOICP revenue in the 3 home health agencies in the chart above represented 89.1% of the agencies' total revenue collectively in 2014.

**Applicant's Historical and Projected Utilization (Applicant)**

Since this application is for the establishment of a home health agency, the applicant did not have any historical home health data. The following chart is a snapshot of the current EEOICP beneficiaries enrolled in Patriot Homecare (owned by the applicant and licensed as a personal care services agency).

**Patriot Personal Care Patients-June 2015**

Currently receiving EEOICPA Personal Care Services from Patriot	Currently receiving EEOICPA Home Health Services from other licensed agencies	Currently a Personal Care Patient of Patriot currently meets medical criteria for EEOICPA home health services but not receiving them	Referral from Dr. Clary Foote	Patient County				
				Anderson	Knox	Meigs	Morgan	Roane
15	3	4	3	6	1	2	0	6

Source: CN1506-023Supplemental Response June 23, 2015

- In June 2015 15 EEOICP beneficiaries were receiving Personal Care Services from Patriot Homecare.
- Of the 15 EEOICP beneficiaries 3 were receiving home health services from existing EEOICP home health agencies, and 4 qualified for EEOICP home health services but were not receiving them.
- Three of the 15 personal care beneficiaries were referred by Dr. Clary Foote.
- 80% of the 15 EEOICP beneficiaries resided in either Anderson County (6 beneficiaries) or Roane County (6 beneficiaries).

**Projected Utilization**

- 30 patients are projected in Year 1 (2016) and 60 Patients in Year 2 (2017).
- In Year One the applicant break-outs the need of the 30 projected patients as follows: 5 patients will need a combination of homemaker and skilled nursing services; 15 patients needing homemaker services; and 10 patients needing skilled nursing services.

**Project Cost**

The majority of the total project cost consists of:

- Legal, Administrative, Consultant Fees- \$25,000, and
- Facility- \$10,500
- For other details on Project Cost, see the Project Cost Chart in the original application.

**Financing**

In supplemental one the applicant indicates the only remaining unpaid project costs are \$10,000 for legal fees and a license fee of \$1,080. A May 31, 2015 bank statement from SunTrust Bank for the statement period ending May 31, 2015 confirms the availability of \$39,319 in cash reserves to fund the project's remaining cost.

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CAMM Care LLC's unaudited financial statements for the period ending May 31, 2015 indicate \$39,451 in total current assets (cash only), total current liabilities of \$1,878 and a current ratio of 21:1.

*Note to Agency members: Current ratio is a measure of liquidity and is the ratio of current assets to current liabilities which measures the ability of an entity to cover its current liabilities with its existing current assets. A ratio of 1:1 would be required to have the minimum amount of assets needed to cover current liabilities.*

#### **Historical Data Chart**

Since the applicant is applying for the establishment of a home health agency, a historical data chart did not apply.

#### **Projected Data Chart**

The Projected Data Chart reflects \$4,256,824.00 in total gross revenue on 30 patients during the first year and \$8,513,648 on 60 patients in Year Two. The Projected Data Chart reflects the following:

- There are no deductions from gross revenue (Net Operating Revenue is the same as Total Gross Revenue).
- Projected NOI calculates to approximately 49.4% of gross revenues in Year 1 and 52.1% in Year 2.
- Since services will be reimbursed 100% by the federal government through EEOICP, there are no provisions for contractual adjustments or charity care.

#### **Medicare/TennCare Payor Mix**

- EEOICP- Charges will equal \$4,256,824 in Year One representing 100% of total gross revenue.

#### **Staffing**

The applicant's direct patient care staffing in Year One and Year Two includes the following:

Position	Year 1	Year 2
Administrator	1	1
Director of Nursing	1	1
Contract RNs	2	2
Staff LPNs	15	15
Certified Nursing Assistant	10	10
Personal Care Assistant	30	30
<b>TOTAL</b>	<b>59</b>	<b>59</b>

Source: CN1506-023

#### **Licensure/Accreditation**

- If approved, CAMM Care LLC dba Patriot Homecare will seek licensure from the Tennessee Department of Health.

*Corporate documentation, real estate lease, and detailed demographic information are on file at the Agency office and will be available at the Agency meeting.*

Should the Agency vote to approve this project, the CON would expire in **two** years.

#### **CERTIFICATE OF NEED INFORMATION FOR THE APPLICANT**

There are no other Letters of Intent, denied or pending applications, or outstanding Certificates of Need for this applicant.

#### **CERTIFICATE OF NEED INFORMATION FOR OTHER SERVICE AREA FACILITIES:**

There are no other Letters of Intent for other health care organizations in the service area proposing this type of service.

#### **Pending Applications**

**Hero Healthcare, CN1504-012**, has a pending application that is scheduled to be heard at the September 23, 2015 Agency meeting to establish a home health agency licensed in Anderson and Morgan counties restricted to home health services to a specific patient who is a beneficiary of the United States Department of Labor, Division of Energy Employees Occupation Illness Compensation Program (EEOICP). The principle office will be located at 231 Walls Hollow Road, Oliver Springs (Morgan County), Tennessee. The service area is Morgan and Anderson Counties. **The estimated project cost is \$29,680.**

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Denied Applications:

**Critical Care Nursing, CN1210-049D**, was denied at the January 23, 2013 Agency meeting for the establishment of a home care organization located at 575 Oak Ridge Turnpike, Oak Ridge (Anderson County), TN. The individuals to who Critical Care Nursing (CCN) intended to provide home health services are those eligible to receive such services because of their qualifications for benefits under either the Energy Employees Occupational Illness Compensation Program Act or the Federal Black Lung program. CCN proposed to offer home health services in Anderson, Campbell, Knox, Loudon, Monroe, Morgan, Roane, and Union Counties. **The estimated project cost was \$155,937.00.** *Reasons for Denial: There is no real need. The care is being adequately provided by other agencies in the area, and the applicant did not provide adequate evidence to prove that need is really there.*

Outstanding Applications

**Implanted Pump Management, CN1406-027A**, has an outstanding Certificate of Need that will expire on August 1, 2017. The application was approved at the June 24, 2015 Agency meeting for the establishment of a home care organization and the initiation of home health services limited to intrathecal pump services. The parent office will be located at 200 Prosperity Place #102, Knoxville (Knox County), TN 37932. There are no branch offices proposed for this project. The service area includes all 95 counties in Tennessee. The estimated project cost is **\$8,100.00.** *Project Status: This project was recently approved.*

**Pentec Health, Inc., CN1411-046A**, has an outstanding Certificate of Need that will expire on August 1, 2017. The application was approved at the June 24, 2015 Agency meeting for the establishment of a home care organization and the initiation of home health services limited to intrathecal pump infusion and Ig-G replacement therapy services in all counties in Tennessee except Hancock, Perry and VanBuren Counties. The parent office will be located in leased space at 424 Church Street, Suite 2000, Nashville (Davidson County), TN. No branch offices are proposed. The applicant plans to utilize Pentec Health's existing pharmacy whose compounding branch site is located at the parent office at 4 Creek Parkway in Boothwyn, PA. The pharmacy has an active Tennessee license. The estimated project cost is **\$142,028.00.** *Project Status: This project was recently approved.*

**Coram Alternative Site Services, Inc. d/b/a Coram Specialty Infusion Services, CN1406-017A**, has an outstanding Certificate of Need that will expire on November 1, 2016. The application was approved at the September 24, 2014 Agency meeting for the establishment of a home care organization to provide the

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following specialized home health services related to home infusion: administer home infusion products and related infusion nursing services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports. The proposed service area includes the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Unicoi, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 10932 Murdock Drive, Suite 101A, Knoxville (Knox County), TN 37932. The estimated project cost is \$95,200.00. *Project Status: A representative of the applicant indicated on the Annual Progress Report dated July 24, 2015 that services under the scope of its CON and license began April 1, 2015. A final project report is pending.*

**PLEASE REFER TO THE REPORT BY THE DEPARTMENT OF HEALTH, DIVISION OF HEALTH STATISTICS, FOR A DETAILED ANALYSIS OF THE STATUTORY CRITERIA OF NEED, ECONOMIC FEASIBILITY, AND CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE IN THE AREA FOR THIS PROJECT. THAT REPORT IS ATTACHED TO THIS SUMMARY IMMEDIATELY FOLLOWING THE COLOR DIVIDER PAGE.**

PME 09/01/2015

# **LETTER OF INTENT**



**State of Tennessee  
Health Services and Development Agency**

Andrew Jackson Building, 9<sup>th</sup> Floor  
502 Deaderick Street  
Nashville, TN 37243

[www.tn.gov/hsda](http://www.tn.gov/hsda)

Phone: 615-741-2364

Fax: 615-741-9884

## LETTER OF INTENT

The Publication of Intent is to be published in the Knoxville News Sentinel and The Daily Post Athenian which is a newspaper of general circulation in Anderson, Knox, Morgan, Roane and Meigs (Name of Newspaper), Tennessee, on or before June 5, 2015, for one day.  
(County) (Month / day) (Year)

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that:

CAMM Care LLC dba Patriot Homecare

N/A

(Name of Applicant)

(Facility Type-Existing)

owned by: Caleb Mullins with an ownership type of limited liability company

and to be managed by: self-managed intends to file an application for a Certificate of Need

for [PROJECT DESCRIPTION BEGINS HERE]: to be licensed to provide home health services in Anderson, Knox, Meigs, Morgan and Roane counties,  
at a project cost estimated to be \$38,080. The Applicant's principal office will be located at 514 Devonla Street, Harriman, Roane County, Tennessee 37748.

At this time, the Applicant holds a license from the State of Tennessee Department of Mental Health and Substance Abuse Services to operate a personal support services agency and will seek to be

licensed as a home health agency by the Board for Licensing Health Care Facilities.

The anticipated date of filing the application is: June 10, 2015

The contact person for this project is Anne Sumpter Arney Attorney  
(Contact Name) (Title)

who may be reached at: Bone McAllester Norton, PLLC 511 Union Street, Suite 1600  
(Company Name) (Address)

Nashville Tennessee 37219 615 / 238-6300  
(City) (State) (Zip Code) (Area Code / Phone Number)

Anne Sumpter Arney  
(Signature)

6/8/2015  
(Date)

asarney@bonelaw.com  
(E-mail Address)

The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency  
Andrew Jackson Building, 9<sup>th</sup> Floor  
502 Deaderick Street  
Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care Institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

**COPY**

**-Application**

**CAMM dba**

**Patriot**

**Homecare**

**CN1506-023**

1. **Name of Facility, Agency, or Institution**

CAMM Care LLC

Name

514 Devonia Street

Street or Route

Harriman

City

TN

State

Roane

County

37748-2115

Zip Code

2. **Contact Person Available for Responses to Questions**

Anne Sumpter Arney

Name

Attorney

Title

Bone McAllester Norton PLLC

Company Name

asarney@bonelaw.com

Email address

511 Union Street, Suite 1600

Street or Route

Nashville

City

TN 37219

State Zip Code

Counsel

615-238-6360

615-687-2764

Association with Owner

Phone Number

Fax Number

3. **Owner of the Facility, Agency or Institution**

CAMM Care, LLC

Name

Phone Number

514 Devonia Street

Street or Route

Roane

County

Harriman

TN

37748-2115

City

State

Zip Code

4. **Type of Ownership of Control (Check One)**

A. Sole Proprietorship

B. Partnership

C. Limited Partnership

D. Corporation (For Profit)

E. Corporation (Not-for-Profit)

F. Government (State of TN or  
Political Subdivision)

G. Joint Venture

H. Limited Liability Company

Caleb Mullins own 100%

I. Other (Specify)

x

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.



5. Name of Management/Operating Entity (If Applicable)

N/A

Name

Street or Route

County

City

State

Zip Code

PUT ALL ATTACHMENTS AT THE END OF THE APPLICATION IN ORDER AND  
REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

6. Legal Interest in the Site of the Institution (Check One)

A. Ownership

B. Option to Purchase

C. Lease of years  
(month to month)

\_\_\_\_\_

\_\_\_\_\_

x \_\_\_\_\_

D. Option to Lease

E. Other (Specify) \_\_\_\_\_

\_\_\_\_\_

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PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND  
REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

7. Type of Institution (Check as appropriate--more than one response may apply)

A. Hospital (Specify) \_\_\_\_\_

B. Ambulatory Surgical Treatment  
Center (ASTC), Multi-Specialty

C. ASTC, Single Specialty

D. Home Health Agency

E. Hospice

F. Mental Health Hospital

G. Mental Health Residential  
Treatment FacilityH. Mental Retardation Institutional  
Habilitation Facility (ICF/MR)

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I. Nursing Home

J. Outpatient Diagnostic Center

K. Recuperation Center

L. Rehabilitation Facility

M. Residential Hospice

N. Non-Residential Methadone  
Facility

O. Birthing Center

P. Other Outpatient Facility  
(Specify) \_\_\_\_\_

Q. Other (Specify) \_\_\_\_\_

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8. Purpose of Review (Check) as appropriate--more than one response may apply)

A. New Institution

B. Replacement/Existing Facility

C. Modification/Existing Facility

D. Initiation of Health Care  
Service as defined in TCA §  
68-11-1607(4)  
(Specify) \_\_\_\_\_

E. Discontinuance of OB Services

F. Acquisition of Equipment

x \_\_\_\_\_

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G. Change in Bed Complement

[Please note the type of change  
by underlining the appropriate  
response: Increase, Decrease,  
Designation, Distribution,  
Conversion, Relocation]

H. Change of Location

I. Other (Specify) \_\_\_\_\_

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9. **Bed Complement Data** N/A

*Please indicate current and proposed distribution and certification of facility beds.*

	<u>Current Beds Licensed *CON</u>	<u>Staffed Beds</u>	<u>Beds Proposed</u>	<u>TOTAL Beds at Completion</u>
A. Medical				
B. Surgical				
C. Long-Term Care Hospital				
D. Obstetrical				
E. ICU/CCU				
F. Neonatal				
G. Pediatric				
H. Adult Psychiatric				
I. Geriatric Psychiatric				
J. Child/Adolescent Psychiatric				
K. Rehabilitation				
L. Nursing Facility (non-Medicaid Certified)				
M. Nursing Facility Level 1 (Medicaid only)				
N. Nursing Facility Level 2 (Medicare only)				
O. Nursing Facility Level 2 (dually certified Medicaid/Medicare)				
P. ICF/MR				
Q. Adult Chemical Dependency				
R. Child and Adolescent Chemical Dependency				
S. Swing Beds				
T. Mental Health Residential Treatment				
U. Residential Hospice				
<b>TOTAL</b>				

\*CON-Beds approved but not yet in service

10. Medicare Provider Number  
Certification Type

N/A

11. Medicaid Provider Number  
Certification Type

N/A

12. If this is a new facility, will certification be sought for Medicare and/or Medicaid? No.

13. Identify all TennCare Managed Care Organizations/Behavioral Health Organizations (MCOs/BHOs) operating in the proposed service area. Will this project involve the treatment of TennCare participants? No. If the response to this item is yes, please identify all MCOs/BHOs with which the applicant has contracted or plans to contract.

*Discuss any out-of-network relationships in place with MCOs/BHOs in the area.*

**NOTE:** **Section B** is intended to give the applicant an opportunity to describe the project and to discuss the need that the applicant sees for the project. **Section C** addresses how the project relates to the Certificate of Need criteria of Need, Economic Feasibility, and the Contribution to the Orderly Development of Health Care. Discussions on how the application relates to the criteria should not take place in this section unless otherwise specified.

## **SECTION B: PROJECT DESCRIPTION**

**I.** Provide a brief executive summary of the project not to exceed two pages. Topics to be included in the executive summary are a brief description of proposed services and equipment, ownership structure, service area, need, existing resources, project cost, funding, financial feasibility and staffing.

**Response:** **Executive Summary of Project**

### **Proposed Services**

CAMM Care, LLC, dba, Patriot Homecare (the "Applicant" or "Patriot") seeks a Certificate of Need ("CON") to be licensed to provide home health services to beneficiaries of the United States Department of Labor, Division of Energy Employees Occupation Illness Compensation Program ("EEOICP"). The EEOICP was established by Congress to provide compensation and medical benefits to individuals who were employed by the Department of Energy ("DOE") and its predecessor agencies (and their contractors) who suffer from illnesses as a result of performing their job. Patriot is currently licensed by the Tennessee Department of Mental Health to provide personal support services and is an authorized provider of home health services under EEOICP. (A copy of Patriot's license and EEOICP provider enrollment is attached at Attachment B I.) Patriot seeks to establish a home health organization to provide EEOICP beneficiaries for skilled nursing services substantially similar to "private duty nursing" as defined in 42 CFR Section 440.80 including skilled nursing, homemaker and personal support services. The Applicant does not intend to provide the intermittent episodic care provided by most home health agencies rather the Applicant seeks to establish a home health agency dedicated to provide "private duty" type care to EEOICP beneficiaries.

The Applicant intends to continue to provide the personal support services it currently provides but also, to provide "private duty" type nursing services both through periodic visits and for 24/7 where required. These services allow the beneficiaries to live and have care provided in their own homes and to obtain these services from a single agency.

### **Equipment**

No medical equipment will be purchased by the Applicant for use in the project.

### **Ownership**

The Applicant is a Tennessee limited liability company which is wholly owned by Caleb Mullins, a resident of Roane County, Tennessee.

**Service Area** The Applicant seeks a CON to be licensed in Anderson, Knox, Meigs, Morgan and Roane counties (the "Service Area").

### Need and Existing Resources

There is a need in the Service Area for a home health agency dedicated to providing "private duty" type care to EEOICP beneficiaries. Through the EEOICP, Congress recognized the need to provide care to former DOE employees, contractors and subcontractors who because of their governmental services were exposed to extremely toxic and hazardous substances. Many of these EEOICP beneficiaries now suffer from serious chronic and often terminal illness. EEOICP pays for the type of care its beneficiaries' need without any cost to the patient or any other state or federal program. The DOE has eight active worksites in Oak Ridge, Anderson County, Tennessee. Most, if not all, of the EEOICP beneficiaries who Patriot seeks to serve are former employees of these sites and live in the areas of Tennessee near Oak Ridge. As a result, the Applicant believes that in the counties surrounding these DOE worksites, there is a need to provide the scope of services that are a benefit of EEOICP which is greater than other areas of Tennessee and greater than the need calculated using the Guidelines for Growth. There is a need for the level of services that these individuals require and deserve. All of the counties in the Applicant's proposed Service Area are either the location of a DOE site or are contiguous counties adjacent to a county where a DOE worksite is located. However, based on the information in the 2014 Joint Annual Reports, the Applicant believes that there is only one other home health agency providing both homemaker and "private duty" type skilled nursing to EEOICP beneficiaries in any of the counties within the Service Area and only three in the Service Area providing private duty services. According to statistics from the United States Department of Labor, as of May 25, 2015, there were 14,215 new EEOICP beneficiaries in Tennessee. In addition, all of the DOE worksites in Oak Ridge continue to operate. Therefore, it is likely that the number of individuals qualifying for EEOICP benefits will continue to grow and the need for home health services to these individuals will also continue to grow.

### Project Costs, Funding and Financial Feasibility

The only cost associated with this project are \$38,080 which is less that would be required to initiate home health services for an agency which was not already providing personal support services.. The project costs will be funded from the cash reserves of the Applicant. The project cost is reasonable and will not require any capital expenditures.

### Staffing

In the first year of its operation, the Applicant will employ Megan Mullins as its administrator and a registered nurse to act as a director of nursing. In addition the Applicant intends to employ a marketing director, receptionist, and 30 personal care assistants, 10 FTE CNAs, 15 FTE LPNS and 2 FTE RNs. A copy of Ms. Mullins resume is attached at Attachment B-I.

- II. Provide a detailed narrative of the project by addressing the following items as they relate to the proposal.
  - A. Describe the construction, modification and/or renovation of the facility (exclusive of major medical equipment covered by T.C.A. § 68-11-1601 et seq.) including square footage, major operational areas, room configuration, etc. Applicants with hospital projects (construction cost in excess of \$5 million) and other facility projects (construction cost in excess of \$2 million) should complete the Square Footage and Cost per Square Footage Chart. Utilizing the attached Chart, applicants with hospital projects should complete Parts A.-E. By identifying as applicable nursing units, ancillary areas, and support areas affected by this project. Provide the location of the unit/service within the existing facility along with current square footage, where, if any, the unit/service

will relocate temporarily during construction and renovation, and then the location of the unit/service with proposed square footage. The total cost per square foot should provide a breakout between new construction and renovation cost per square foot. Other facility projects need only complete Parts B.-E. Please also discuss and justify the cost per square foot for this project.

If the project involves none of the above, describe the development of the proposal.

**Response:** The Applicant seeks to establish a home care organization to deliver home health services to eligible former employees of the Department of Energy, as well as their contractor and subcontractors, provided under the EEOICP. The EEOICP does not distinguish among the types of care provided in the home setting; therefore Patriot is currently licensed to provide personal support services by the state of Tennessee but is approved by the EEOICP to provide home health services. The Applicant currently serves a number of EEOICP beneficiaries with personal support services who have requested that Patriot also provide the skilled nursing services they need. These individuals would prefer to have all of their home care services provided by a single EEOICP provider. There are only three EEOICP home health agencies providing "private duty" type services in the proposed Service Area and only one of them also provides the type of personal support services that Patriot provides. EEOICP beneficiaries have only one choice if they want a single agency to provide both their homemaker services and "private duty" type nursing. This Application developed out of Patriot's desire to meet the needs of its current clients and to expand its services to provide the type of "private duty care" that it has observed many of the EEOICP beneficiaries require. The care available to an EEOICP beneficiary is different from the care paid for by other government and most private insurers. EEOICP pays for services, such as 24 hour-a-day care at home, and for personal care provided by a home health aide to provide assistance with bathing, dressing and using the bathroom. This type of service is needed by EEOICP beneficiaries who are generally very sick with progressive illness. Generally, this level of care is not possible in a patient's home because it is not a benefit covered by most insurance or government programs. However, this level of care is an EEOICP benefit. Patriot developed this proposal in order to establish an EEOICP provider to meet these special needs of the EEOICP beneficiaries.

- B. Identify the number and type of beds increased, decreased, converted, relocated, designated, and/or redistributed by this application. Describe the reasons for change in bed allocations and describe the impact the bed change will have on the existing services.

**Response:** Not applicable.

[illegible]

C. As the applicant, describe your need to provide the following health care services (if applicable to this application):

1. Adult Psychiatric Services
2. Alcohol and Drug Treatment for Adolescents (exceeding 28 days)
3. Birthing Center
4. Burn Units
5. Cardiac Catheterization Services
6. Child and Adolescent Psychiatric Services
7. Extracorporeal Lithotripsy
8. **Home Health Services x**
9. Hospice Services
10. Residential Hospice
11. ICF/MR Services
12. Long-term Care Services
13. Magnetic Resonance Imaging (MRI)
14. Mental Health Residential Treatment
15. Neonatal Intensive Care Unit
16. Non-Residential Methadone Treatment Centers
17. Open Heart Surgery
18. Positron Emission Tomography
19. Radiation Therapy/Linear Accelerator
20. Rehabilitation Services
21. Swing Beds

**Response:** The Applicant's need to provide home health services is based in the need it has observed in its current patients to receive personal care and nursing services from a single agency. Patriot is currently an authorized EEOICP home health provider providing personal support services to 15 EEOICP beneficiaries and seeks to establish a home health agency to expand its services to provide "private duty" type nursing services dedicated to its current patients as well as other EEOICP beneficiaries in the proposed Service Area. The Applicant is Tennessee Company owned by a Tennessee resident who seeks to provide the care needed by fellow Tennesseans in his community and the surrounding region who are EEOICP beneficiaries. The Applicant is already providing personal support care to some of these patients and proposes to expand its services to meet the level of nursing care they and other EEOICP beneficiaries' need. Typically, the individuals to whom the Applicant provides care are involved in progressive disease processes from which they do not recover and need level of nursing care that is not typically provided by home health agencies. The services provided by the Applicant will range from simple weekly visits to comprehensive, 24-hour, and seven day-a-week in-home care. These services will allow EEOICP beneficiaries to continue to live as independently as possible in the comfort of their own home.

D. Describe the need to change location or replace an existing facility.

**Response:** Not applicable.

- E. Describe the acquisition of any item of major medical equipment (as defined by the Agency Rules and the Statute) which exceeds a cost of \$1.5 million; and/or is a magnetic resonance imaging (MRI) scanner, positron emission tomography (PET) scanner, extracorporeal lithotripter and/or linear accelerator by responding to the following:

1. For fixed-site major medical equipment (not replacing existing equipment):
  - a. Describe the new equipment, including:
    1. Total cost (As defined by Agency Rule);
    2. Expected useful life;
    3. List of clinical applications to be provided; and
    4. Documentation of FDA approval.
  - b. Provide current and proposed schedules of operations.
2. For mobile major medical equipment:
  - a. List all sites that will be served;
  - b. Provide current and/or proposed schedule of operations;
  - c. Provide the lease or contract cost.
  - d. Provide the fair market value of the equipment;
  - e. List the owner for the equipment.
3. Indicate applicant's legal interest in equipment (*i.e.*, purchase, lease, etc.). In the case of equipment purchase include a quote and/or proposal from an equipment vendor, or in the case of an equipment lease provide a draft lease or contract that at least includes the term of the lease and the anticipated lease payments.

**Response:** Not Applicable

**III. (A)** Attach a copy of the plot plan of the site on an 8 1/2" x 11" sheet of white paper which must include:

1. Size of site (*in acres*);
2. Location of structure on the site; and
3. Location of the proposed construction.
4. Names of streets, roads or highway that cross or border the site.

***Please note that the drawings do not need to be drawn to scale. Plot plans are required for all projects.***

**Response:** Site is a platted plot and has no acreage. See Attachment B-III A Plot Plan

**(B)** 1. Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients.

**Response:** The site is located within the city limits of Harriman, Tennessee on a main street. There is no public transportation in Harriman.



- IV. Attach a floor plan drawing for the facility which includes legible labeling of patient care rooms (noting private or semi-private), ancillary areas, equipment areas, etc. on an 8 1/2" x 11" sheet of white paper.

NOTE: **DO NOT SUBMIT BLUEPRINTS**. Simple line drawings should be submitted and need not be drawn to scale.

**Response:** See Attachment B-IV Drawing of Office Site.

- V. For a Home Health Agency or Hospice, identify:

1. Existing service area by County;

**Response:** NA

2. Proposed service area by County;

**Response:** Anderson, Knox, Meigs, Morgan and Roane.

3. A parent or primary service provider;

**Response:** Not Applicable

4. Existing branches; and

**Response:** Not Applicable

5. Proposed branches.

**Response:** Not Applicable

### **SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED**

In accordance with Tennessee Code Annotated § 68-11-1609(b), "no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, can be economically accomplished and maintained, and will contribute to the orderly development of health care." The three (3) criteria are further defined in Agency Rule 0720-4-.01. Further standards for guidance are provided in the state health plan (Guidelines for Growth), developed pursuant to Tennessee Code Annotated §68-11-1625.

The following questions are listed according to the three (3) criteria: (I) Need, (II) Economic Feasibility, and (III) Contribution to the Orderly Development of Health Care. Please respond to each question and provide underlying assumptions, data sources, and methodologies when appropriate. Please type each question and its response on an 8 1/2" x 11" white paper. All exhibits and tables must be attached to the end of the application in correct sequence identifying the question(s) to which they refer. If a question does not apply to your project, indicate "Not Applicable (NA)."

QUESTIONS**NEED**

1. Describe the relationship of this proposal toward the implementation of the State Health Plan and Tennessee's Health: Guidelines for Growth.
  - a. Please provide a response to each criterion and standard in Certificate of Need Categories that are applicable to the proposed project. Do not provide responses to General Criteria and Standards (pages 6-9) here.
  - b. Applications that include a Change of Site for a health care institution, provide a response to General Criterion and Standards (4)(a-c)

**Response:** Implementation of the State Health Plan.

- (1). The purpose of the State Health Plan is to improve the health of Tennesseans.  
Tennessee's role in the atomic and nuclear industry has been and continues to be a source of pride for the Oak Ridge area, however, Tennesseans who work in this industry have since the 1940's are at risk for exposure to hazardous and toxic substances as a result their jobs. The Applicant seeks to provide "private duty" type services and personal support and homemaker services to those individuals who as a result of their work in Tennessee's atomic energy industry require more than involved and longer term care than the intermittent visits provided by traditional home health agency. The project will improve the health and quality of life of those Tennesseans who are EEOICP beneficiaries by assuring that their adequate and quality resources for their care. Letters of support from current clients of the Applicant are at Attachment C Need 1 (1).
- (2). Every citizen should have reasonable access to health care.  
The Project will increase the accessibility of healthcare in the Service Area by providing both nursing and homemaker services to EEOICP beneficiaries. Currently, in the Service Area, there is only one home health agency that is an EEOICP provider which provides "private duty" type care together with homemaker services.
- (3). The State's health care resources should be developed to address the needs of Tennesseans while encouraging competitive markets, economic efficiencies, and the continued development of the State's health care system.  
The Applicant is currently an EEOICP approved provider and a licensed provider of personal support services. The Applicant is already serving many EEOICP beneficiaries and the project would allow it to also provide "private duty" type nursing services to many of these same beneficiaries instead of their being required to either contract with the only other provider which provides the same combination of services or to receiver care from two separate providers which would be cumbersome and inefficient. In addition, the Applicant is a Tennessee small business with its business office located in a rural county. The Applicant is owned by a resident of Tennessee and a resident of the community that Patriot serves. Patriot's business is consistent with the need to provide economic opportunities to Tennessee owned small businesses.

- (4) Every citizen should have confidence that the quality of health care is continually monitored and standards are adhered to by health care providers.

All of Applicant's employees and contractors will hold the appropriate license from the Tennessee Health Regulatory Boards. As a provider of personal support services, the Applicant maintains strict policies and procedures to monitor and ensure the quality of the care it provides. In its last licensing survey it received zero deficiencies. The Applicant will expand policies and procedures to include the new services provided by the project and the Administrator will be responsible for ensuring that this quality is maintained. In addition, if it is licensed as a home care organization it will be monitored by the Tennessee Department of Health Facilities.

- (5) The state should support the development, recruitment, and retention of a sufficient and quality health care workforce.

The Applicant is a Tennessee small business owned by a citizen of Tennessee which employs other Tennesseans and hopes to work with local colleges and vocational schools to assist with training nurses and CNA's. As a locally owned healthcare business, Patriot is committed to the health and economic welfare of the Service Area.

#### Guidelines for Growth.

1. The need for home health agencies/services shall be determined on a county by county basis.

**Response:** The Applicant provides services specifically designed to meet the long term health care needs of individuals who have been approved by the DOE to receive such services under EEOICP. The counties in the proposed Service Area are all either locations of DOE worksites or are adjacent counties and are where there is a need for the type of service, dedicated to EEOICP beneficiaries, which the Applicant proposes. Although there are exceptions, home health organizations typically provide services on an episodic basis to Medicare, TennCare and private pay patients. By contrast, the Applicant seeks to serve the more limited population that are EEOICP beneficiaries and who require "private duty" type of services together with the personal support services which Patriot is already licensed to provide. The Applicant is already serving many of these patients with personal support services and seeks to meet the need for additional services to these patients and other EEOICP beneficiaries including the services of RNs, LPNs and CNAs

2. In a given county, 1.5 percent of the total population will be considered as the need estimate for home health services in that county. The 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed service area.

**Response:** The Applicant does not believe this question is applicable since the services which the Applicant seeks to provide are not intended for the general population. Rather, the proposed services would be limited to those individuals eligible for in-home health care under EEOICP. As a result, the application of the 'need' formula cannot provide an estimate of the need for the in-home health care services with regard to the potential patient population. However, for the sake of completeness, see the Chart attached at Attachment C Need 1 Guidelines for Growth.

3. Using recognized population sources, projections for four years into the future will be used.

**Response:** The Applicant does not believe this question is applicable since the services which the Applicant seeks to provide are not intended for the general population. Rather, the proposed services would be limited to those individuals eligible for in-home health care under EEOICP. As a result, the application of the 'need' formula cannot provide an estimate of the need for the in-home health care services with regard to the potential patient population. However, for the sake of completeness, see the Chart attached at Attachment C Need 1 Guidelines for Growth.

4. The use rate of existing home health agencies in the county will be determined by examining the latest utilization rate as calculated in the Joint Annual Report of existing home health agencies in the service area. Based on the number of patients served by home health agencies in the service area, estimation will be made as to how many patients could be served in the future.

**Response:** The Applicant does not believe this question is applicable since the services which the Applicant seeks to provide are not intended for the general population. Rather, the proposed services would be limited to those individuals eligible for in-home health care under EEOICP. As a result, the application of the 'need' formula cannot provide an estimate of the need for the in-home health care services with regard to the potential patient population. However, for the sake of completeness, see the Chart attached at Attachment C Need 1 Guidelines for Growth.

2. Describe the relationship of this project to the applicant facility's long-range development plans, if any.

**Response** Patriot plans to continue growing as the population of EEOICP beneficiaries continues to rise. The Applicant plans to remain local and provide compassionate, personable care to the people in our community that have worked and given up their health to serve our country. The Applicant hopes to grow the business to bring more jobs to the community and have an impact on the unemployment rates. In addition, Patriot intends to become involved in its rural community's activities as well as participate in on the job training programs for local schools.

3. Identify the proposed service area and justify the reasonableness of that proposed area. Submit a county level map including the State of Tennessee clearly marked to reflect the service area. **Please submit the map on 8 1/2" x 11" sheet of white paper marked only with ink detectable by a standard photocopier (i.e., no highlighters, pencils, etc.).**

**Response:** Please see a map of the Service Area included as Attachment C Need 3.

4. A. Describe the demographics of the population to be served by this proposal.

**Response:** Please see chart included as Attachment C Need 4 A which sets forth the current population and the 2019 projected population for the proposed Service Area.

- B. Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly the elderly, women, racial and ethnic minorities, and low-income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

**Response:** The five counties in the Service Area are all in the east Tennessee area near the DOE Worksites. One of the special needs of the Service Area is that it is the home of many of the EEOICP beneficiaries who are often suffering from serious progressive diseases or conditions as a result of working at the DOE worksites in their area. In addition, much of the Service Area is made up of rural communities making the distance between patients much farther than in more populated areas of the state which makes each home visit require more dedicated hours. The Applicant believes that the distance between patient's homes is typically 25- 30 miles.

5. Describe the existing or certified services, including approved but unimplemented CONs, of similar institutions in the service area. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. Be certain to list each institution and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: admissions or discharges, patient days, and occupancy. Other projects should use the most appropriate measures, e.g., cases, procedures, visits, admissions, etc.

**Response:** See the Chart at Attachment C Need 5.

6. Provide applicable utilization and/or occupancy statistics for your institution for each of the past three (3) years and the projected annual utilization for each of the two (2) years following completion of the project. Additionally, provide the details regarding the methodology used to project utilization. The methodology must include detailed calculations or documentation from referral sources, and identification of all assumptions.

**Response:** Not Applicable. The Application is to establish a new agency. See Letter from Dr. Clary Foote, M.D. P.C. at Attachment C Need 6.

## ECONOMIC FEASIBILITY

1. Provide the cost of the project by completing the Project Costs Chart on the following page. Justify the cost of the project.
  - All projects should have a project cost of at least \$3,000 on Line F. (Minimum CON Filing Fee). CON filing fee should be calculated from Line D. (See Application Instructions for Filing Fee)
  - The cost of any lease (building, land, and/or equipment) should be based on fair market value or the total amount of the lease payments over the initial term of the lease, whichever is greater. Note: This applies to all equipment leases including by procedure or "per click" arrangements. The methodology used to determine the total lease cost for a "per click" arrangement must include, at a minimum, the projected procedures, the "per click" rate and the term of the lease.
  - The cost for fixed and moveable equipment includes, but is not necessarily limited to, maintenance agreements covering the expected useful life of the equipment; federal, state, and local taxes and other government assessments; and installation charges, excluding capital expenditures for physical plant renovation or in-wall shielding, which should be included under construction costs or incorporated in a facility lease.
  - For projects that include new construction, modification, and/or renovation; documentation must be provided from a contractor and/or architect that support the estimated construction costs.

**Response:** There are no costs to the project other than the legal costs associated with the application and the filing fee. These costs have either already been paid or will be paid from the cash reserves of the Applicant.

PROJECT COSTS CHART

A. Construction and equipment acquired by purchase:	
1. Architectural and Engineering Fees	_____
2. Legal, Administrative (Excluding CON Filing Fee), Consultant Fees	<u>\$25,000</u>
3. Acquisition of Site	_____
4. Preparation of Site	_____
5. Construction Costs	_____
6. Contingency Fund	_____
7. Fixed Equipment (Not included in Construction Contract)	_____
8. Moveable Equipment (List all equipment over \$50,000)	<u>1,500</u>
9. Other (Specify) _____	_____
B. Acquisition by gift, donation, or lease:	
1. Facility (inclusive of building and land)	<u>10,500</u>
2. Building only	_____
3. Land only	_____
4. Equipment (Specify) _____	_____
5. Other (Specify) _____	_____
C. Financing Costs and Fees:	
1. Interim Financing	_____
2. Underwriting Costs	_____
3. Reserve for One Year's Debt Service	_____
4. Other- License Fee	<u>1,080</u>
D. Estimated Project Cost (A+B+C)	
	<u>38,080</u>
E. CON Filing Fee	<u>3,000</u>
F. Total Estimated Project Cost (D+E)	
TOTAL	<u>\$41,080</u>

2. Identify the funding sources for this project.

Please check the applicable item(s) below and briefly summarize how the project will be financed. **(Documentation for the type of funding MUST be inserted at the end of the application, in the correct alpha/numeric order and identified as Attachment C, Economic Feasibility-2.)**

- ☐ A. Commercial loan--Letter from lending institution or guarantor stating favorable initial contact, proposed loan amount, expected interest rates, anticipated term of the loan, and any restrictions or conditions;
- ☐ B. Tax-exempt bonds--Copy of preliminary resolution or a letter from the issuing authority stating favorable initial contact and a conditional agreement from an underwriter or investment banker to proceed with the issuance;
- ☐ C. General obligation bonds--Copy of resolution from issuing authority or minutes from the appropriate meeting.
- ☐ D. Grants--Notification of intent form for grant application or notice of grant award; or
- ☒ E. Cash Reserves--Appropriate documentation from the President and Sole Member and Statement from Suntrust evidencing Patriot's reserves. See Attachment C Economic
- ☐ F. Other--Identify and document funding from all other sources.

**Response:** Not applicable. There are no ongoing costs for the project. The filing fee will be paid at the time the application is filed and the legal fees associated with the project are anticipated to be paid on an ongoing basis from the Applicant's cash reserves.

3. Discuss and document the reasonableness of the proposed project costs. If applicable, compare the cost per square foot of construction to similar projects recently approved by the Health Services and Development Agency.

**Response:** Because this project is for the initiation of home health services, the cost of initiating the services are minimal. The primary cost is the cost of the lease, cost of purchasing additional low cost equipment, such as blood pressure cuffs and the cost of filing this Application which have already been paid or will be paid from operating revenues.

4. Complete Historical and Projected Data Charts on the following two pages--**Do not modify the Charts provided or submit Chart substitutions!** Historical Data Chart represents revenue and expense information for the last *three (3)* years for which complete data is available for the institution. Projected Data Chart requests information for the two (2) years following the completion of this proposal. Projected Data Chart should reflect revenue and expense projections for the **Proposal Only** (i.e., if the application is for additional beds, include anticipated revenue from the proposed beds only, not from all beds in the facility).

5. Please identify the project's average gross charge, average deduction from operating revenue, and average net charge.

**Response:** The Applicant's charges are set and paid by EEOICP. There will be no difference between gross and net charge. Currently, EEOIC hourly rates for home health services are as follows: Homemaker- \$17.04 for up to 8 hours per day & \$18.86 for 8 hours or more per day; CNA - \$17.53 for up to 8 hours per day & \$24.96 for 8 hours or more per day; LPN- \$65.75 for up to 8 hours per day & \$88.31 for 8 hours or more per day; and RN- \$ 82.66 for up to 8 hours per day and \$ 110.14 for 8 hours or more per day; and RN Case Manager-\$69.80.



## HISTORICAL DATA CHART (Not Applicable)

Give information for the last *three* (3) years for which complete data are available for the facility or agency. The fiscal year begins in \_\_\_\_\_ (Month).\*

	Year _____	Year _____	Year 2014
A. Utilization Data (Specify unit of measure)	_____	_____	_____
B. Revenue from Services to Patients			
1. Inpatient Services	\$ _____	\$ _____	\$ _____
2. Outpatient Services	_____	_____	_____
3. Emergency Services	_____	_____	_____
4. Other Operating Revenue – Home Health Services	_____	_____	\$ _____
<b>Gross Operating Revenue</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments	\$ _____	\$ _____	\$ _____
2. Provision for Charity Care	_____	_____	_____
3. Provisions for Bad Debt	_____	_____	_____
<b>Total Deductions</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>NET OPERATING REVENUE</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
D. Operating Expenses			
1. Salaries and Wages	\$ _____	\$ _____	\$ _____
Physician's Salaries and Wages	_____	_____	_____
3. Supplies	_____	_____	_____
4. Taxes	_____	_____	_____
5. Depreciation	_____	_____	_____
6. Rent	_____	_____	_____
7. Interest, other than Capital	_____	_____	_____
8. Management Fees:			
a. Fees to Affiliates	_____	_____	_____
b. Fees to Non-Affiliates	_____	_____	_____
9. Other Expenses (repairs, maintenance, insurance, contract labor, and professional fees).	_____	_____	_____
<b>Total Operating Expenses</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
E. Other Revenue (Expenses) – Net (Specify)	\$ _____	\$ _____	\$ _____
<b>NET OPERATING INCOME (LOSS)</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
F. Capital Expenditures			
1. Retirement of Principal	\$ _____	\$ _____	\$ _____ 0
2. Interest	_____	_____	_____ 0
<b>Total Capital Expenditures</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____ 0</b>
<b>NET OPERATING INCOME (LOSS)</b>			
<b>LESS CAPITAL EXPENDITURES</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

38  
**PROJECTED DATA CHART**

Give information for the two (2) years following the completion of this proposal. The fiscal year begins in January. (Month)

	Year 2016	Year 2017
A. Utilization Data (Specify unit of measure)	<u>30 patients</u>	<u>60 patients</u>
B. Revenue from Services to Patients		
1. Inpatient Services	\$ <u>          </u>	\$ <u>          </u>
2. Outpatient Services	<u>\$4,256,824</u>	<u>\$8,513,648</u>
3. Emergency Services	<u>          </u>	<u>          </u>
4. Other Operating Revenue (Specify)	<u>          </u>	<u>          </u>
<b>Gross Operating Revenue</b>	<u>\$4,256,824</u>	<u>\$8,513,648</u>
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	\$ <u>          </u>	\$ <u>          </u>
2. Provision for Charity Care	<u>          </u>	<u>          </u>
3. Provisions for Bad Debt	<u>          </u>	<u>          </u>
<b>Total Deductions</b>	<u>\$ NA</u>	<u>\$ NA</u>
<b>NET OPERATING REVENUE</b>	<u>\$ 4,256,824</u>	<u>\$8,513,648</u>
D. Operating Expenses		
1. Salaries and Wages	<u>\$2,042,728</u>	<u>\$ 3,889,456</u>
2. Physician's Salaries and Wages	<u>NA</u>	<u>NA</u>
3. Supplies	<u>\$13,000</u>	<u>\$26,000</u>
4. Taxes	<u>\$82,189</u>	<u>\$146,358</u>
5. Depreciation	<u>NA</u>	<u>NA</u>
6. Rent	<u>6,000</u>	<u>6,000</u>
7. Interest, other than Capital	<u>NA</u>	<u>NA</u>
8. Management Fees:		
a. Fees to Affiliates	<u>          </u>	<u>          </u>
b. Fees to Non-Affiliates	<u>          </u>	<u>          </u>
9. Other Expenses(Specify)Professional Fees, insurance, Marketing, reserve for unknown contingencies	<u>\$10,000</u>	<u>\$10,000</u>
<b>Total Operating Expenses</b>	<u>\$ 2,153,917</u>	<u>\$ 4,077,814</u>
E. Other Revenue (Expenses) -- Net (Specify)	<u>\$ 0</u>	<u>\$ 0</u>
<b>NET OPERATING INCOME (LOSS)</b>	<u>\$ 2,102,907</u>	<u>\$ 4,435,834</u>
F. Capital Expenditures		
1. Retirement of Principal	\$ <u>          </u>	\$ <u>          </u>
2. Interest	<u>          </u>	<u>          </u>
<b>Total Capital Expenditures</b>	<u>\$ 2,102,907</u>	<u>\$ 4,435,834</u>
<b>NET OPERATING INCOME (LOSS)</b>		
<b>LESS CAPITAL EXPENDITURES</b>	<u>\$ 2,102,907</u>	<u>\$ 4,435,834</u>

6. A. Please provide the current and proposed charge schedules for the proposal. Discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the proposed project and the impact on existing patient charges.

**Response:** All of the Applicant's charges will be paid by EEOICP. See Chart at Attachment C Economic Feasibility 6 which shows the Applicant's anticipated charges at a blended rate of the reimbursement rate for 8 hour and more than 8 hour shifts. There are no co pays or deductibles paid by the beneficiaries.

- B. Compare the proposed charges to those of similar facilities in the service area/adjoining service areas, or to proposed charges of projects recently approved by the Health Services and Development Agency. If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

**Response:** The Applicants charges are at the payment rates will be set by the EEOICP. The chart at Attachment C Economic Feasibility 6 shows the charges and costs of the other home health providers in the Service Area who are also EEOICP providers.

7. Discuss how projected utilization rates will be sufficient to maintain cost-effectiveness.

**Response:** As shown on the Projected Data Chart, the Applicant anticipates a positive net income in the first two years of operation, based on conservative estimates related to growth in second year of operation.

8. Discuss how financial viability will be ensured within two years; and demonstrate the availability of sufficient cash flow until financial viability is achieved.

**Response:** As shown on the Projected Data Chart, the Applicant anticipates a positive net income in the first two years of operation, with a net operating income of approximately \$2,102,907 at the end of year one and \$4,435,834 at the end of the second year of operation.

9. Discuss the project's participation in state and federal revenue programs including a description of the extent to which Medicare, TennCare/Medicaid, and medically indigent patients will be served by the project. In addition, report the estimated dollar amount of revenue and percentage of total project revenue anticipated from each of TennCare, Medicare, or other state and federal sources for the proposal's first year of operation.

**Response:** The Applicant's services are paid by the EEOICP. The Applicant does not anticipated participating in any other state or federal programs

10. Provide copies of the balance sheet and income statement from the most recent  
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reporting period of the institution and the most recent audited financial statements with accompanying notes, if applicable. For new projects, provide financial information for the corporation, partnership, or principal parties involved with the project. Copies must be inserted at the end of the application, in the correct alpha-numeric order and labeled as Attachment C Economic Feasibility 10.

**Response:** Please see copies of the Applicant's Balance Sheet and Income Statement as Attachment C Economic Feasibility 10.

11. Describe all alternatives to this project which were considered and discuss the advantages and disadvantages of each alternative including but not limited to:

- a. A discussion regarding the availability of less costly, more effective, and/or more efficient alternative methods of providing the benefits intended by the proposal. If development of such alternatives is not practicable, the applicant should justify why not; including reasons as to why they were rejected.

**Response:** The EEOICP beneficiaries who the Applicant proposes to serve are generally suffering from the effects of debilitating and progressive illnesses. Patriot does not believe there is a more effective way to bring care to them, other than in their own homes. There is no less costly or more effective care available. The alternative to the type of care that the Applicant provides is a nursing home which is not a more effective or cost efficient setting to receive care. While it might be possible for the Applicant to joint venture with an existing home health agency in the Service Area to provide skilled nursing services, it is likely that that option would increase costs and decrease efficiency. The services which the Applicant proposes to provide are different from most home health agencies in a number of ways. It is a combination of personal care/ homemaker services and private duty type nursing. The typical agency provides discrete or episodic services to their patients. In addition, Patriot seeks to provide care to a specific population for which Patriot is already an authorized home health provider. Currently, there are only three EEOICP qualified agencies in the proposed Service Area who are providing private duty type care. As an EEOICP provider, the services are paid by reimbursement received through the Department of Labor, and are on an hourly rate, which varies based on the skill level and amount of time spent with the patient. This is different from reimbursement for Medicare, TennCare and private pay patients, which is primarily based on per visit charges. As a result the services and staffing of an EEOICP provider is different from home health agencies. Patriot will serve fewer patients at a time but will spend more time and provide private duty rather than episodic care. Patriot would also incur additional costs identifying a joint venture partner and coming to an agreement for the provision of services and patients would have to deal with more than one provider as a result a joint venture a more costly alternative and less efficient. Therefore, there are no less costly, more effective or more efficient methods of providing

- b. The applicant should document that consideration has been given to alternatives to new construction, e.g., modernization or sharing arrangements. It should be documented that superior alternatives have been implemented to the maximum extent practicable.

**Response:** The Applicant considered continuing to provide personal support services and to assist patients who need "private duty" care in finding a home health agency to meet their need but this would require clients to deal with two separate agencies or to seek the alternative of a long term care facility which is less cost efficient and does not allow the patient the option of receiving their care in their home.

## CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE

1. List all existing health care providers (e.g., hospitals, nursing homes, home care organizations, etc.), managed care organizations, alliances, and/or networks with which the applicant currently has or plans to have contractual and/or working relationships, e.g., transfer agreements, contractual agreements for health services.

**Response:** The Applicant is a contracted provider under EEOICP. In addition, the Applicant anticipates entering into 'working relationships' with providers in its Service Area, including hospitals, hospice organizations and physicians to the extent required to provide the highest quality care to its patients.

2. Describe the positive and/or negative effects of the proposal on the health care system. Please be sure to discuss any instances of duplication or competition arising from your proposal including a description of the effect the proposal will have on the utilization rates of existing providers in the service area of the project.

**Response:** There will be no negative effects of the proposed project on current providers or on the health care system. The combination of "private duty" nursing and homemaker/personal care services which the Applicant will offer to EEOICP beneficiaries differs from those of all but one other agency dedicated to providing in-home health to these individuals. Therefore, the Applicant believes that the Project will have positive effect on the delivery of care and the health care system in the Services Area by offering those eligible for in-home health care under either the EEOICP another choices regarding the provider who can over them both types of care they require. According to statistics from the United States Department of Labor, as of May 25, 2015, there were 14,215 new EEOICP beneficiaries in Tennessee and there is a need for more than one organization to meet that need. The Project will have a positive impact on both the health and lives of eligible beneficiaries, but also on the lives of their family members as well.

3. Provide the current and/or anticipated staffing pattern for all employees providing patient care for the project. This can be reported using FTEs for these positions. Additionally, please compare the clinical staff salaries in the proposal to prevailing wage patterns in the service area as published by the Tennessee Department of Labor & Workforce Development and/or other documented sources.

**Response:** See Chart at Attachment C Contribution to the Orderly Development of Health Care 3.

4. Discuss the availability of and accessibility to human resources required by the proposal, including adequate professional staff, as per the Department of Health, the Department of Mental Health and Developmental Disabilities, and/or the Division of Mental Retardation Services licensing requirements.

**Response:** The Applicant has not had trouble hiring staff to provide services under its current license and does not anticipate having trouble recruiting and retaining qualified staff. In the Service Area, there are adequate staffing resources for the medical professional staff for the Project. In addition, the Applicant intends to recruit clinical staff from the Technical College of Applied Sciences in Harriman Tennessee.

5. Verify that the applicant has reviewed and understands all licensing certification as required by the State of Tennessee for medical/clinical staff. These include, without limitation, regulations concerning physician supervision, credentialing, admission privileges, quality assurance policies and programs, utilization review *policies and programs, record keeping, and staff education.*

**Response:** The Applicant understands the requirements for licensing. If granted a CON, the Applicant will maintain all requirements of licensing.

6. Discuss your health care institution's participation in the training of students in the areas of medicine, nursing, social work, etc. (e.g., internships, residencies, etc.).

**Response:** The Applicant hopes to work with Technical College of Applied Sciences in Harriman in their nurse training programs.

- 7.(a) Please verify, as applicable, that the applicant has reviewed and understands the licensure requirements of the Department of Health, the Department of Mental Health and Developmental Disabilities, the Division of Mental Retardation Services, and/or any applicable Medicare requirements.

**Response:** The Applicant understands the licensing requirements of the Department of Health and other requirements which are applicable.

- (b) Provide the name of the entity from which the applicant has received or will receive licensure, certification, and/or accreditation.

**Response:** Licensure: The Applicant will be licensed by the State of Tennessee, Department of Health, and Board for Licensing Health Care Facilities.

Accreditation: None

- (c) If an existing institution, please describe the current standing with any licensing, certifying, or accrediting agency. Provide a copy of the current license of the facility.

**Response:** See Attachment C Contribution to the Orderly Development of Health Care. 7( c)

- (d) For existing licensed providers, document that all deficiencies (if any) cited in the last licensure certification and inspection have been addressed through an approved plan of correction. Please include a copy of the most recent licensure/certification inspection with an approved plan of correction.

**Response:** See Attachment C Contribution to the Orderly Development of Health Care. 7( d)

8. Document and explain any final orders or judgments entered in any state or country by a licensing agency or court against professional licenses held by the applicant or any entities or persons with more than a 5% ownership interest in the applicant. Such information is to be provided for licenses regardless of whether such license is currently held.

**Response:** None.

9. Identify and explain any final civil or criminal judgments for fraud or theft against any person or entity with more than a 5% ownership interest in the project

**Response:** None

10. If the proposal is approved, please discuss whether the applicant will provide the Tennessee Health Services and Development Agency and/or the reviewing agency information concerning the number of patients treated, the number and type of procedures performed, and other data as required.

**Response:** The Applicant will provide the Tennessee Health Services and Development Agency and/or the reviewing agency with relevant information concerning the number of patients treated and such other data as may be required.

**PROOF OF PUBLICATION**

**Attach the full page of the newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper as proof of the publication of the letter of intent.**

**Response:**

A copy of the publication affidavit is provided on the following page.



To: BONE MCALLESTER NORTON PLLC

(Advertising) NOTIFICATION OF INTENT TO APPLY FOR (Ref No: 558431)

P.O.#:

### PUBLISHER'S AFFIDAVIT

State of Tennessee }

S.S.

County of Knox }

Before me, the undersigned, a Notary Public in and for said county, this day personally came Louise Watkins first duly sworn, according to law, says that he/she is a duly authorized representative of The Knoxville News-Sentinel, a daily newspaper published at Knoxville, in said county and state, and that the advertisement of:

(The Above-Referenced)

of which the annexed is a copy, was published in said paper on the following date(s):  
06/05/15 Fri

and that the statement of account herewith is correct to the best of his/her knowledge, information, and belief.

Louise Watkins

Subscribed and sworn to before me this 5th day of JUNE 20 15

Karan Dixon

Notary Public

MY COMMISSION EXPIRES:

June 26, 2017

My commission expires 20



#### NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties in accordance with T.C.A. § 68-11-1501 et seq., and the Rules of the Health Services and Development Agency, that CAMM Care LLC dba Patriot Homecare ("Applicant") owned and managed by CAMM Care LLC dba Patriot Homecare with Caleb Mullins as sole member, and with an ownership type of Limited Liability Company, is hereby notified to provide home health services to provide home health services in Anderson, Knox, Meigs, Morgan, and Roane counties, Tennessee. The Applicant's principal office will be located at 514 Devonia Street, Harriman, Roane County, Tennessee 37748.

The Applicant holds a license from the State of Tennessee Department of Mental Health and Substance Abuse Services to operate a personal support services agency and will seek to be licensed as a home health agency by the Board for Licensing Health Care Facilities.

The anticipated date of filing the application is June 10, 2015. The Applicant's contact person for the project is Anne Sumpter, Attorney, who may be reached at Bone McAllester Norton PLLC, 511 Union Street, Suite 1600, Nashville, Tennessee 37215. (615) 238-6300.

Upon written request by interested parties, a local fact-finding public hearing shall be conducted. Written requests should be sent to:

Health Services & Development Agency  
Andrew Jackson Building, 9th Floor  
502 Deaderick Street  
Nashville, Tennessee 37243

Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Agency meeting at which the application is originally scheduled. Any other person wishing to oppose the application must file the written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

# PROOF OF PUBLICATION

Acct. Name:

BONE MCCALLESTER NOR

Acct. # 177330

STATE OF TENNESSEE

COST OF PUBLICATION

COUNTY OF MCMINN

Total \$76.50

PERSONALLY appeared before me

Ashley Green

of McMinn County, Tennessee.

who being duly sworn, made oath that he/she is a

representative of the Publisher of THE DAILY POST-ATHENIAN,

a newspaper of general circulation, published in the City of Athens,

County of McMinn and State of Tennessee and that the hereto

attached publication appeared in the same on the following dates :

## NOTIFICATION OF INTENT

06/05/2015

## The Daily Post-Athenian

PO BOX 340, ATHENS, TN 37371

(423) 745-5664

Subscribed and sworn to before me on this 5th day

of June, 2015

Newspaper Representative:

Ashley Green

Notary Public:

Brittany Freeman

My Commission Expires:

8-22-17

The referenced publication of notice has also been posted (1) On the newspaper's website, where it shall be published contemporaneously with the notice's first print publication and will remain on the website for at least as long as the notice appears in the newspaper; and (2) On a statewide web site established and maintained as an initiative and service of the Tennessee Press Association as a repository for such notices.

### PLY FOR A CERTIFICATE OF NEED

Health Services and Development  
 Tennessee with T.C.A. § 64-1-1601 et  
 seq. and Development Agency that  
 (1) Applicant is owned and managed by  
 or with each Mullins as sole member  
 liability company, and to be  
 tion for a Certificate of Need to be  
 Basil Anderson, 3000 W. Morgan  
 estimated to be \$38,090,000. The  
 at 514 Dewitt Street, Hamilton.

State of Tennessee Department of  
 Services, to operate a nursing support  
 ized as a home health agency by the  
 age.

thru this on or before June 10, 2015. The  
 ce is Anne Sumpter, Attorney  
 e, Norton PLC, 515 Union Street, Suite  
 15, 380-5300.

quiries, a local fact-finding public  
 requests should be sent to:

Development Agency  
 Building, 9th Floor  
 erick Street  
 Tennessee 37243

o oppose a Certificate of Need  
 with the Health Services and  
 Development (15) days before the regularly  
 Development Agency meeting at which  
 ed. Any other person wishing to op  
 objection with the Health Services  
 to the ( )  
 the Agency.



**DEVELOPMENT  
SCHEDULE**

Tennessee Code Annotated § 68-11-1609(c) provides that a Certificate of Need is valid for a period not to exceed three (3) years (for hospital projects) or two (2) years (for all other projects) from the date of its issuance and after such time shall expire; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificates of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A Certificate of Need which has been extended shall expire at the end of the extended time period. The decision whether to grant such an extension is within the sole discretion of the Agency, and is not subject to review, reconsideration, or appeal.

1. Please complete the Project Completion Forecast Chart on the next page. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.
2. If the response to the preceding question *indicates that the applicant does not anticipate completing the project within the period of validity as defined in the preceding paragraph*, please state below any request for an extended schedule and document the "good cause" for such an extension.

# 48 PROJECT COMPLETION FORECAST CHART

Enter the Agency projected Initial Decision date, as published in T.C.A. § 68-11-1609(c): August \_\_\_\_, 2015

Assuming the CON approval becomes the final agency action on that date; indicate the number of days from the above agency decision date to each phase of the completion forecast.

<u>Phase</u>	<u>DAYS REQUIRED</u>	<u>Anticipated Date (MONTH/YEAR)</u>
1. <u>Architectural and engineering contract signed</u>	_____	_____
2. <u>Construction documents approved by the Tennessee Department of Health</u>	_____	_____
3. <u>Construction contract signed</u>	_____	_____
4. <u>Building permit secured</u>	_____	_____
5. <u>Site preparation completed</u>	_____	_____
6. <u>Building construction commenced</u>	_____	_____
7. <u>Construction 40% complete</u>	_____	_____
8. <u>Construction 80% complete</u>	_____	_____
9. <u>Construction 100% complete (approved for occupancy)</u>	_____	_____
10. <u>*Issuance of license</u>	_____	October 2015
11. <u>*Initiation of service</u>	_____	October 2015
12. <u>Final Architectural Certification of Payment</u>	_____	_____
13. <u>Final Project Report Form (HF0055)</u>	_____	_____

**\* For projects that do NOT involve construction or renovation: Please complete items 10 and 11 only.**

**Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.**

AFFIDAVITSTATE OF TennesseeCOUNTY OF Davidson

Anne Sumpter Arney, being first duly sworn, says that he/she is the applicant named in this application or his/her/its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. § 68- 11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete.

Anne Sumpter Arney  
SIGNATURE/TITLE

Sworn to and subscribed before me this 9<sup>th</sup> day of June, 2015 a Notary  
(Month) (Year)  
Public in and for the County/State of Davidson County, Tennessee.

Kristin Puh  
NOTARY PUBLIC

My commission expires 5 | 3, 2016  
(Month/Day) (Year)

# Barbara Megan Mullins

---

423 Oak Street Harriman, TN 37748 | (865)466-7570 | megan.mullins@live.com

## Education

HIGH SCHOOL DIPLOMA | MAY 2005 | CENTRAL HIGH SCHOOL

MEDICAL ADMINSTRATIVE ASSISTANT | APRIL 2007 | TENNESSEE COLLEGE OF APPLIED SCIENCE

A.A.S. CONTEMPORARY MANAGEMENT | AUGUST 2009 | ROANE STATE COMMUNITY COLLEGE

CERTIFIED NURSING ASSISTANT | SEPTEMBER 2012 | TENNESSEE COLLEGE OF APPLIED SCIENCE

## Experience

### PATRIOT HOMECARE | DIRECTOR | APRIL 2014 TO CURRENT

- o Manage all office and non-skilled field staff
- o Maintain all employee & patient information/files according to state requirements
- o Calculated and approved payroll
- o Interview and hire new employees
- o Prepare employees by conducting orientation and monthly in-service training
- o Hear and resolve all employee grievances
- o Ensure monitoring of employees and provide discipline and praise when needed
- o Scheduled all staff accordingly and maintained all vacation request
- o Identify potential referral sources and market accordingly
- o Planned marketing functions
- o Promoted and attended marketing functions in the community
- o Made initial contact visits with potential patients
- o Maintained an excellent relationship with local physicians
- o Coordinate care with the RN Case Manager
- o Coordinate with RN Case Manager to identify client needs
- o Conduct client survey's as required by state licensure to insure client satisfaction
- o Coordinate with physician's office/hospital to coordinate new client care and any changes in client care
- o Provide communication to Department of Labor to establish new client care
- o Coordinate with RN Case Manager to develop client's Plan of Care
- o Manage all aspects of establishing a new client
- o Maintain and ordered all supplies
- o Oversee and maintain a budget
- o Ensure compliance with all state licensure requirements

### ADMINISTRATOR | FREEDOM CARE | NOVEMBER 2012 TO APRIL 2014

- o Manage all office , field nursing staff, and non-skilled field staff
- o Maintain all employee & patient information/files according to state requirements
- o Calculated and approved payroll
- o Interview and hire new employees
- o Prepare employees by conducting orientation and monthly in-service training
- o Hear and resolve all employee grievances
- o Ensure monitoring of employees and provide discipline and praise when needed
- o Scheduled all staff accordingly and maintained all vacation request
- o Identify potential referral sources and market accordingly
- o Planned marketing functions
- o Promoted and attended marketing functions in the community
- o Made initial contact visits with potential patients
- o Maintained an excellent relationship with local physicians

51  
ATTACHMENT B I.

- Coordinate care with RN Case Manager
- Coordinate with RN Case Manager to identify client needs
- Conduct client survey's as required by state licensure to insure client satisfaction
- Coordinate with physician's office/hospital to coordinate new client care and any changes in client care
- Provide communication to Department of Labor to establish new client care
- Coordinate with RN Case Manager to develop client's Plan of Care
- Manage all aspects of establishing a new client
- Maintain and ordered all supplies
- Maintain petty cash and all receipts
- Overseen and maintained a budget in coordination with the home office
- Ensure compliance with all state licensure requirements

**OFFICE MANAGER/MARKETING/CNA | QUALITY PRIVATE DUTY CARE | DECEMBER 2011 TO NOVEMBER 2012**

- Manage an office with approximately 35 field employees
- Maintain all employees information and files to meet state requirements
- Made sure all employees keep paperwork and in services up to date and meet state standards
- Calculated and approved timesheets for payroll
- Identify potential referral sources and market accordingly
- Planned marketing functions
- Promoted and attended marketing functions in the community
- Collect patients medical records as needed for insurance approval
- Did in home visits as a CNA when needed
- Provided excellent care in patient's home
- Reported any changes in patient to appropriate person in a timely manner
- Documented all visits as required
- Took in employment applications
- Performed drug screens for new employees
- Maintain and ordered all supplies
- Report weekly on supplies used
- Maintain petty cash and all receipts
- Report monthly or as needed for petty cash reimbursement



ATTACHMENT B-III A PLOT PLAN



1997

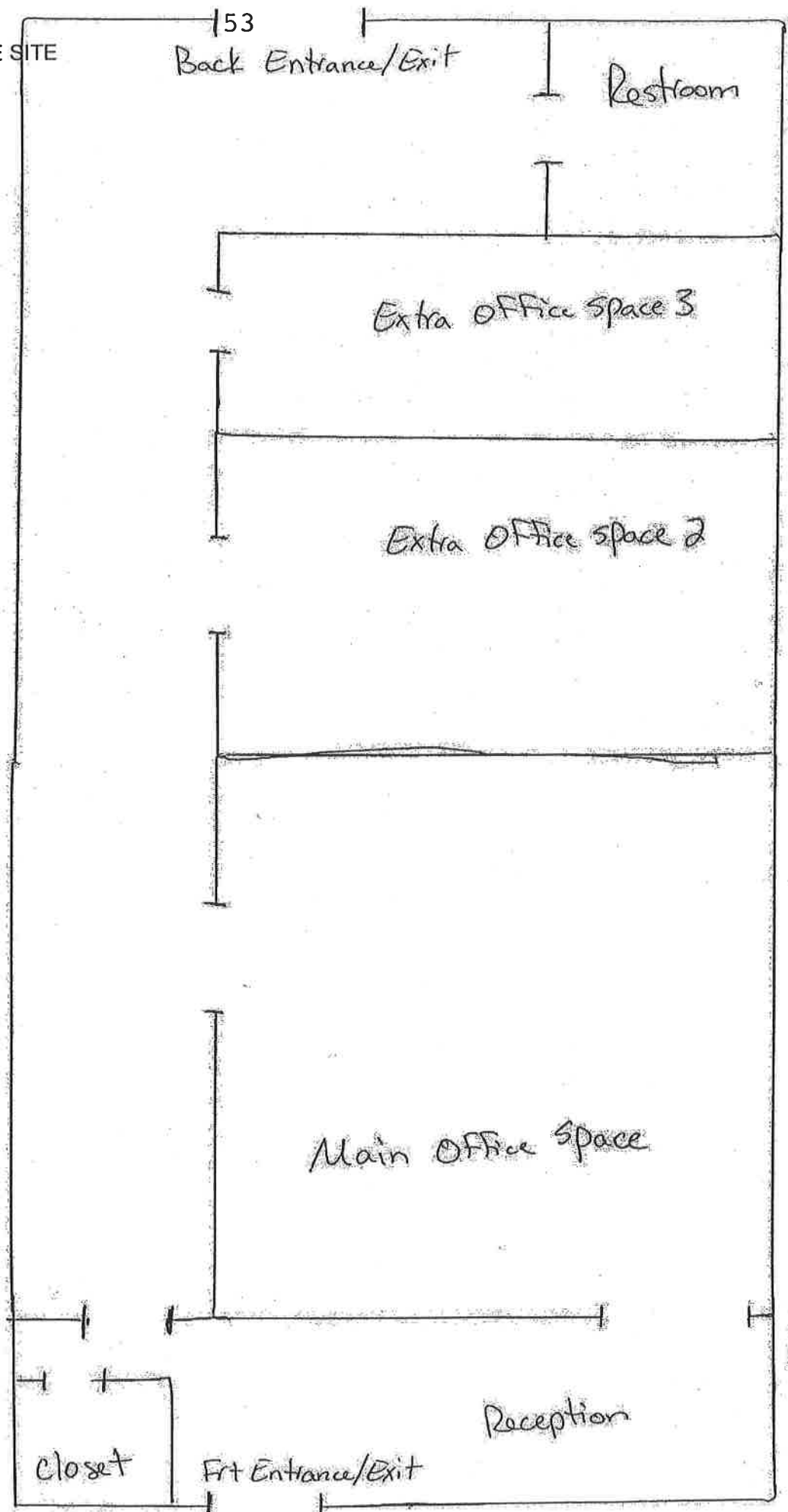
Image © 2015 DigitalGlobe  
© 2015 Google

ImagerY Date: 10/2/2014 35°56'10.76" N 84°33'02.17" W elev 780

Google



ATTACHMENT B-IV  
DRAWING OF OFFICE SITE



[REDACTED]  
June 4, 2015

State of Tennessee  
Health Services & Development Agency  
500 Deaderick Street, 9<sup>th</sup> Floor  
Nashville, Tennessee 37243

Dear Gentlemen and Ladies:

I have been accepted with several illnesses with DOL, EEO/CPA since 2007. I was approved to receive the benefits of skill nursing (8 hours a day, 5 days a week) and home care services (24 hours a day, 7 days a week) July 2014. I required the services long before I received them. It was a matter of dealing with strangers in my home daily.

Since July 2014, I have had three nurses to come to my home to provide me with RN services 8 hours a day, five days a week; this working with two separate providers. The first provider worked for herself and it was difficult for her to work without oversight and had no one to replace her the times she was not able to show up. The next two proved to be untrustworthy and unhealthy to be in my home. These providers did not care about my well fare only that they were able to bill off me. Currently, I only receive RN case management with my personal care services through Patriot; which means, I am presently without nursing care.

I am hoping and praying that Patriot will be awarded the opportunity to provide Nursing as well as the home makers; which they are doing an outstanding job with integrity and the personal care they give each patient. This year has been difficult having to deal with two different providers. I know from my personal experience that it would be easier on the patient if services were under one provider that cares and is serious about taking care of the patient. I keep my physicians informed and they are concern about certain providers misusing patients in this program. My physicians work willingly with Patriot on my behalf without disappointment.

My phone is constantly ringing where word is out that I have accepted conditions with DOL; different providers call who has partnered with the union or lawyers to grab up approved patients for their own benefit. I know I can trust Patriot to care for me. If you should have any questions, feel free to contact me any time on my cell which is [REDACTED] or my home number which is [REDACTED].

Respectfully,  
[REDACTED]

cc: Dr. Bridgeman

*I concur with the above.*  
*Paul J. Bridgeman, MD*

May 27, 2015

To Whom It May Concern:

I am writing this letter in regards to Patriot Homecare. Patriot Homecare currently provides me with personal care services through Department of Labor. I know in the future I will need nursing care as my disease progresses and would want my care to be provided through Patriot Homecare. I think that it would be a hassle and go against my health to have to deal with more than one company to provide my healthcare. Patriot Homecare is very knowledgeable about Department of Labor and has taken the stress off of me when it comes to my care. I know that I couldn't find a more caring, personable company to provide my care. They go above and beyond to make sure every one of my needs are met.

I sincerely hope that they can provide my skilled nursing care when the time comes. I couldn't ask for more compassionate people to provide my care.

Sincerely,

A large black rectangular redaction box covering the signature area.

June 4, 2015

I currently receive personal care services through Patriot Homecare. I am in need of nursing services but have been too leery of trying to obtain them through another company because of other family member's experiences. I hope that Patriot can become licensed and provided my nursing services. They have been very caring and helpful with everything that I have needed. They always go above and beyond to make sure all of my needs are met and make me feel like I am their only patient. They are also very knowledgeable about Department of Labor which has helped me a great deal. I hope that this is a service they can provide as I know that I am in need now but do not want to deal with another company.

Sincerely,

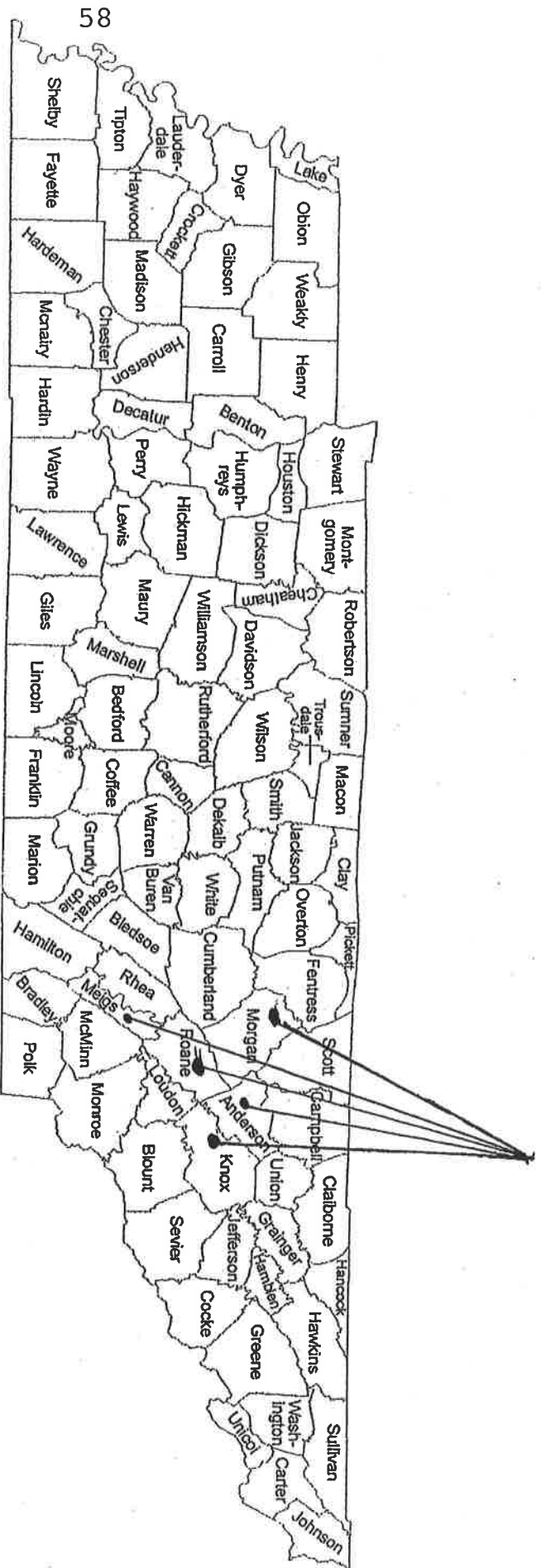
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# ATTACHMENT C NEED 1 GUIDELINES FOR GROWTH

Home Health Need Formula in the Applicant's 5-County Service Area

a	b	c	d	e	f	g	h	i
County	Number of Authorized Agendas	2015 Population	Patients Served (2014)	Use Rate (Patient/1000 population)	2019 Population	Projected Capacity	Projected Need	Additional Need (Surplus)
Anderson	20	76,949	2,618	3.40%	81,023	2,658	1,472	1,486
Knox	23	459,124	8,802	1.92%	481,044	9,222	7,216	2,007
Meigs	19	22,331	366	2.92%	22,697	371	190	181
Roane	21	54,079	2,215	4.10%	54,631	2,238	819	1,418
Morgan	21	21,870	525	2.41%	22,076	531	331	200
TOTALS	104	624,353	14,521	2.33%	648,571	15,084	9,729	5,355

MAP OF PROPOSED SERVICE AREA



## ATTACHMENT C NEED 4 A

## Demographic Characteristics of Project Service Area

2015-2019

Demographic	Anderson County	Knox County	Meigs County	Morgan County	Roane County	Service Area Total	State of Tennessee
Median Age - 2010 US Census	42.5	39.7	42.9	39.8	44.1	41.16	38
Total Population - 2015	78,849	459,124	12,511	21,870	54,079	624,533	6,849,438
Total Population - 2019	76,123	481,044	12,897	22,076	56,651	648,591	6,874,597
Total Population - % Change 2015 to 2019	-3.5%	4.8%	3.0%	0.9%	4.8%	3.3%	-1.5%
Age 65+ Population - 2015	14,960	69,146	2,560	8,531	17,701	102,964	1,012,837
% of Total Population	19.5%	15.1%	20.8%	16.3%	21.6%	16.3%	15.0%
Age 65+ Population - 2019	16,287	81,757	2,869	9,297	17,863	118,173	1,134,565
% of Total Population	21.5%	17.0%	22.6%	17.7%	21.5%	18.2%	16.5%
Age 65+ Population - % Change 2015 to 2019	11.7%	18.7%	12.1%	10.4%	7.9%	15.8%	12.0%
Age 18-64 Population - 2015	46,611	295,533	7,442	14,136	31,882	295,604	3,124,866
% of Total Population	60.5%	65.8%	60.4%	64.6%	59.1%	63.0%	67.0%
Age 18-64 Population - 2019	46,577	300,035	7,607	14,085	31,864	300,169	3,228,749
% of Total Population	59.6%	62.4%	59.0%	63.8%	56.3%	61.7%	61.3%
Age 0-17 Population - 2015	17,252	86,805	2,519	4,203	10,996	129,085	1,511,533
% of Total Population	20.0%	21.1%	18.9%	19.2%	19.2%	20.7%	22.7%
Age 0-17 Population - 2019	16,809	99,292	2,211	4,051	9,904	130,277	1,531,683
% of Total Population	19.0%	20.6%	17.5%	18.5%	17.5%	20.1%	22.2%
Age 0-17 Population - % Change 2015 to 2019	-3.3%	15.5%	-10.0%	-3.6%	-9.0%	7.5%	-1.9%
Median Household Income - 2018	\$40,659.00	\$47,494.00	\$35,450.00	\$37,631.00	\$42,223.00	\$40,677.40	\$44,754.00
Medicaid Enrollment (11/23)	10,255	68,533	2,901	4,533	10,442	107,664	1,116,708
Percent of 2014 Population Enrolled in Medicaid	17.8%	15.1%	23.8%	20.7%	19.2%	16.5%	19.9%
Persons Below Poverty Level	11,478	61,912	2,380	3,936	7,748	87,454	1,159,611
Persons Below Poverty Level as % of Population (US Census)	17.5%	13.1%	19.3%	18.0%	14.7%	13.4%	17.4%

Source: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics; U.S. Census Bureau; Bureau of Economic Analysis

Existing Licensed HHAS & Their Utilization Serving the S-County Declared Service Area—Alphabetical by Agency Name

Agency License #	Date Licensed	County of Parent Office	Total Counties Authorized in License	Agency Name	2012 JAR Total Patients Served	2013 JAR Total Patients Served	2014 JAR Total Patients Served
110	8/7/1984	Knox	28	Amedisys Home Health Care	3,347	3,456	2,993
113	7/01/1981	Hamilton	20	Amedisys Home Health	84	92	57
191	1/17/1984	Overton	11	Amedisys Tennessee, LLC	21	31	27
213	6/6/1984	Blount	19	Blount Memorial Hospital Home Health Services	13	9	9
144	9/7/1978	Knox	28	Campella Home Health of East Tennessee	240	721	688
131	8/21/1989	Knox	6	CareAll Home Care Services	233	425	530
83	1/29/1976	Franklin	35	Caresouth HHA/Holdings of Winchester, LLC	0	1	6
1	10/26/1976	Anderson	7	Clinch River Home Health	445	411	430
98	5/7/1976	Hamilton	8	Contricare Healthservices, Inc. # 1	11	8	5
133	7/14/1978	Knox	17	Covenant Homocare	2,395	2,366	2,889
137	9/13/1984	Knox	16	East Tennessee Children's Hospital Home Health Care	284	313	288
42	7/17/1984	Davidson	95	Elk Valley Health Services LLC	17	20	10
211	9/20/1985	Scott	5	Elk Valley Home Health Care Agency, LLC	11	13	31
13	1/10/1984	Bradley	5	Family Home Care, Cleveland	39	27	62
142	11/28/1977	Knox	16	Gentiva Health Services	661	559	556
100	8/24/1984	Hamilton	12	Gentiva Health Services	1	1	2
149	8/15/1984	Knox	27	Gentiva Health Services	456	221	528
115	6/29/1978	Hamilton	7	Guardian Home Care, LLC	56	51	53
56	09/07/1988	Davidson	85	Home Care Solutions	233	229	239
338	11/14/1996	Hamilton	10	Home Care Solutions	6	4	3
168	10/1/1980	McMinn	4	Home Care Solutions-Etowah	8	10	1
14	3/14/1984	Bradley	17	Home Health Care of East Tennessee, Inc.	20	9	4
143	1/7/1984	Anderson	6	Home Option by Garden Health Care	1	25	18
190	9/10/1984	Monroe	15	Intrepid USA Healthcare Services	221	300	285
189	11/7/1984	Hamilton	10	Life Care at Home of Tennessee	10	3	5
2	6/20/1984	Knox	18	Maxim Healthcare Services, Inc.	21	28	20
103	8/9/1982	Hamilton	11	Memorial Hospital Home Health	7,835	17	17
143	06/10/1977	Knox	15	NHC Homocare	510	552	764
166	7/13/1984	McMinn	8	NHC Homocare	13	15	10
208	5/17/1976	Rutherford	24	NHC Homocare	1	2	2
107	5/16/1984	Hamilton	30	Premier Support Services, Inc.	78	7	8
620	1/30/2008	Anderson	8	Professional Case Management of Tennessee	151	133	134
287	3/7/1984	Fentress	16	Quality Home Health	1,007	952	1,101
80	10/28/1983	Fentress	5	Quality Private Duty Care	3	9	8
16	4/10/1984	Campbell	10	Sunbelt Homocare	235	10	17
189	8/20/1984	Monroe	5	Sweetwater Hospital Home Health	43	51	51
151	3/29/1980	Knox	15	Tennessee Home Health	2,113	1,988	1,814
156	7/20/1983	Knox	16	University of TN Medical Center Home Care Services—Home Health	1,688	1,706	366
TOTALS					17,778	15,362	13,763

Source: TDH HHA Joint Ann. Reports, 2012-2014





Dr. Clary Foote, M.D., P.C.  
190 North Roane Street  
Harriman, Tn 37748  
Ph: 865-882-2800  
Fax: 865-882-3512

April 13, 2015

Clary Foote, MD  
190 N Roane Street  
Harriman, TN 37748  
P: (865)882-2800

Tennessee Health Services Development Agency  
Andrew Jackson Building, 9th Floor  
502 Denderick Street  
Nashville, TN 37243

To Whom it May Concern:

I am writing this letter on behalf of CAMM Care LLC dba Patriot Homecare. Patriot Homecare currently provides personal care services to my patients. I will continue to be a referral source to them in support of them pursuing their Certificate of Need. This will allow my patients to receive all of their care from one source and will allow us to work together to provide a more focused plan of care without the hassle and inconvenience of having multiple companies involved in their care. I believe this will also improve on the quality of care that my patients receive.

This is a much needed service in our area and I believe CAMM Care LLC dba Patriot Homecare will continue to provide quality, compassionate care to my patients. If I can be of any more assistance, please feel free to contact our office.

Sincerely,

A handwritten signature in black ink, appearing to be 'Clary Foote'.

Clary Foote, MD



Patriot Homecare  
514 Devonia Street  
Harriman, TN 37748  
P: (865)234-7007  
F: (865)-234-7020  
July 2, 2015

State of Tennessee  
Health Services and Development Agency  
500 Deaderick Street, 9th Floor  
Nashville, Tennessee 37243

Dear Gentlemen and Ladies:

I am the President and sole member of CAMM care, LLC. and CAMM care, LLC has already paid the majority of the project costs associated with its Application for a Certificate of Need to provide home health services and has adequate reserves to provide the remainder of the project costs.

Sincerely,

Caleb Mullins

SUNTRUST BANK  
PO BOX 305183  
NASHVILLE TN 37230-5183

Page 1 of 4  
36/E00/0175/0 /53  
05/31/2015

# SUNTRUST

CAMM CARE LLC  
514 DEVONIA ST  
HARRIMAN TN 37748-2115

## Account Statement

Questions? Please call  
1-800-786-8787

HOW CAN WE HELP YOU MAKE THE RIGHT FINANCIAL CHOICES FOR TODAY AND TOMORROW?  
WITH OUR VARIETY OF SOLUTIONS AND FINANCIAL GUIDANCE.  
WE VALUE YOU AS A CLIENT AND WANT TO HELP YOU BANK THE WAY THAT FITS YOUR LIFE.  
LEARN MORE AT SUNTRUST.COM.

Account Summary	Account Type	Account Number	Statement Period
	PRIMARY BUSINESS CHECKING		05/01/2015 - 05/31/2015

Description	Amount	Description	Amount
Beginning Balance	\$2,674.56	Average Balance	\$18,370.32
Deposits/Credits	\$89,034.64	Average Collected Balance	\$17,980.16
Checks	\$18,934.87	Number of Days in Statement Period	31
Withdrawals/Debits	\$33,454.92		
Ending Balance	\$39,319.41		

Deposits/Credits	Date	Amount	Serial #	DEPOSIT	Date	Amount	Serial #	DEPOSIT
	05/05	735.00		DEPOSIT	05/14	1,155.00		DEPOSIT
	05/08	735.00		DEPOSIT	05/26	3,000.00		DEPOSIT
	05/13	5,080.88						
	05/07	15,342.50		ELECTRONIC/ACH CREDIT				
	05/14	23,689.60		EEOI TREAS 310 MISC PAY			618089000161500	
	05/21	18,566.18		ELECTRONIC/ACH CREDIT				
	05/28	22,730.48		EEOI TREAS 310 MISC PAY			618089000161500	
				ELECTRONIC/ACH CREDIT				
				EEOI TREAS 310 MISC PAY			618089000161500	
				ELECTRONIC/ACH CREDIT				
				EEOI TREAS 310 MISC PAY			618089000161500	
Deposits/Credits: 9				Total Items Deposited: 6				

Checks	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid
	298	100.00	05/26	327	924.00	05/15	340	924.00	05/21
	*310	420.00	05/04	328	840.00	05/14	341	840.00	05/22
	*316	500.00	05/06	329	924.00	05/15	342	400.00	05/21
	317	164.20	05/07	330	400.00	05/14	343	924.00	05/22
	318	401.75	05/08	331	401.75	05/11	344	401.75	05/19
	319	560.39	05/05	332	560.39	05/11	345	560.39	05/20
	320	420.00	05/13	333	150.00	05/26	*347	924.00	05/28
	321	924.00	05/13	334	145.33	05/18	348	840.00	05/28
	322	840.00	05/08	335	250.00	05/19	349	400.00	05/28
	323	924.00	05/08	336	130.86	05/15	*351	401.75	05/26
	324	69.15	05/26	337	80.68	05/13	352	560.39	05/26
	325	211.60	05/20	338	586.50	05/13			
	326	420.00	05/20	339	420.00	05/26			

Checks: 37

\*Break in check sequence

Cost Per Visit			
Agency*	Skilled Nursing Care	Homemaker Services	Home Health Aide Service
1	\$46	\$0	\$18
2	\$110	\$0	\$30
3	\$175	\$0	\$41
4	\$153	NA	\$114
5	\$123	NA	\$66
6	NA	\$0	\$0
7	NA	\$0	\$0
8	\$84	\$0	\$40
9	\$163	\$0	\$44
10	\$93	NA	\$44
11	\$121	NA	NA
12	NA	NA	NA
Average Charge Per Visit			
Agency*	Skilled Nursing Care	Homemaker Services	Home Health Aide Service
1	NA	NA	NA
2	NA	NA	NA
3	\$160	\$0	\$75
4	NA	NA	NA
5	NA	NA	NA
6	NA	\$0	\$0
7	\$1,260	\$238	\$252
8	NA	\$0	\$0
9	NA	\$0	\$0
10	NA	NA	NA
11	NA	NA	NA
12	NA	NA	NA
Average Charge Per Hour			
Agency*	Skilled Nursing Care	Homemaker Services	Home Health Aide Service
1	NA	NA	NA
2	NA	NA	NA
3	\$24	\$22	\$0
4	NA	NA	NA
5	NA	NA	NA
6	NA	\$0	\$21
7	\$90	\$17	\$18
8	NA	\$0	\$0
9	NA	\$0	\$0
10	NA	NA	NA
11	NA	NA	NA

12	\$77.03	\$17.95	\$21.25
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*Source: 2014 Joint Annual Reports, Hero Healthcare, LLC Management and United States Department of Labor, Office of Workers' Compensation Programs*

**\*Key to Agencies:**

1. Amedysis Home Health Care (Knox; ID 47202)
2. Blount Memorial Home Services (Blount; ID 05012)
3. Camellia Home Health (Knox; ID 47062)
4. Clinch River Home Health (Anderson; ID 01032)
5. Covenant Homecare & Hospice (Knox; ID 47402)
6. Professional Case Management of Tennessee (Anderson; ID 01042)
7. The Home Option by Harden Health Care (Knox; ID 47372)
8. Sunbelt Homecare (Campbell; ID 07032)
9. Tennova Home Health (Knox; ID 47092)
10. University of Tennessee Medical Center Home Care Services (Knox; ID 47132)
11. Gentiva Health Services (Knox; ID 47042)
12. Patriot Proposed Agency\*\*

**CAMM CARE LLC**  
**Statement of Assets, Liabilities & Equities-Income Tax Basis**  
**As of January 1, 2015**

	<u>Jan 1, 15</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
Checking/Savings	66,218.67
Other Current Assets	<u>40.00</u>
<b>Total Current Assets</b>	<u>66,258.67</u>
<b>TOTAL ASSETS</b>	<u><b>66,258.67</b></u>
<b>LIABILITIES &amp; EQUITY</b>	
Equity	<u>66,258.67</u>
<b>TOTAL LIABILITIES &amp; EQUI...</b>	<u><b>66,258.67</b></u>

**CAMM CARE LLC**  
**Statement of Revenues and Expenses - Income Tax Basis**  
**January through December 2015**

	<u>Jan - Dec ...</u>
<b>Ordinary Income/Expense</b>	
Income	
Gross Income	<u>211,913.49</u>
Total Income	<u>211,913.49</u>
Gross Profit	211,913.49
Expense	
OPERATING EXPENS...	<u>130,791.25</u>
Total Expense	<u>130,791.25</u>
Net Ordinary Income	<u>81,122.24</u>
Net Income	<u><u>81,122.24</u></u>

Position	No. of Full Time Equivalent Employees	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	Applicant's Planned Salary/Wage Range	Prevailing Wage for this type of Employee
Administrator	1	1	1	\$40,000/year	\$68,343/year*
Director of Nursing	1	1	1	\$80,000/year	\$51,631/year
Contracted RNs	2	2	2	\$30/hour	\$24/hour
Staff LPNs	15	15	15	\$26/hour	\$17/ hour
Certified Nursing Assistant	10	10	10	\$11/hour	\$10/hour
Personal Care Attendant	30	30	30	\$10/hour	\$10/hour
Marketing Director	1	1	1	\$80,000/year	\$77,768/year
Receptionist	1	1	1	\$26,000/year	\$21,985/year
<b>Total</b>	<b>61</b>	<b>61</b>	<b>61</b>	-----	-----



**SUPPLEMENTAL**  
**- #1**  
**ORIGINAL**

**Patriot Homecare**

**CN1506-023**

## SUPPLEMENTAL

BONE  
MCALLESTER  
NORTON PLLC

Anne Sumpter Arney  
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June 23, 2015

Mr. Phillip Earhart  
HSD Examiner  
Health Services and Development Agency  
Andrew Jackson Building, 9th Floor  
Nashville, Tennessee 37242

**Re: *Certificate of Need Application CN1506-023  
CAMM Care LLC d/b/a Patriot Homecare***

Dear Phillip:

The responses below are to reply to your letter dated June 17, 2015. This letter is being submitted in triplicate.

**1. Section B, Project Description, Item 1**

Please clarify if a family member can be reimbursed for personal care services reimbursed through the EEOICPA program. If so, are EEOICPA patients and family members aware of this arrangement?

**Response:** A family member can be reimbursed through the EEOICPA program for personal care services only if they are a trained personal care attendant and can only be approved to provide up to 12 hours of care a day. The Applicant does not know whether or not EEOICPA patients and family members are aware of this arrangement and believes that the family member would have to provide the care through a company that was EEOICPA qualified. To its knowledge, none of the Applicant's current clients have family members who are trained as personal care attendants and the Applicant believes that it is unlikely that many of its potential patients have family members who are trained personal care attendants. In addition, the family member would have to be trained to meet the billing and certification requires of EEOICPA.

Are there any best practice guidelines that recommend the integration of EEOICPA home health and personal care services by the same provider to one patient?

**Response:** To the Applicant's knowledge, there are no best practice guidelines concerning integration of EEOICPA home health and personal care services by the

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same provider to one patient; however, the Applicant believes such integration would contribute to the orderly development of health care and benefit the quality of a patient's care and life. First, a patient would only have to engage a single care provider so there would be less time and paperwork for the patient involved for the patient to receive care. In addition, a single provider would be more fully informed on the various aspects of the patient's care which would contribute to more timely communication among caretakers and nurses and less unnecessary overlap in services. A single provider for one patient is also much easier for their physician since he must certify he patient's need for each provider and this requires a face to face visit for each certification. A single provider would be less confusing for the patient and more efficient for the patient, the physician and the providers. In addition, EEOICPA does not favor a patient having more than one provider for the same class of services because it requires that they process more claims and doubles their work.

How is consumer choice of providers protected if both EEOICPA home health and personal care services are provided by the same provider?

**Response:** The patient would continue to be able to choose which ever EEOICPA approved agency they wanted for each, and any aspect of their care. The project would contribute to consumer choice by giving patients more than one choice for home health services that includes private duty and personal care/homemaker services.

The Letter of Intent filed by the applicant seeks to be licensed as a home health agency. Please clarify if the applicant seeks a Certificate of Need restricted to home health services to EEOICPA patients reimbursed by United States Department of Labor, Division of Energy Employees Occupation Illness Compensation Program (EEOICPA).

**Response:** The Applicant seeks a Certificate of Need restricted to home health services to EEOICPA patients reimbursed by United States Department of Labor, Division of Energy Employees Occupation Illness Compensation Program (EEOICPA).

It is noted as of May 25, 2015, there were 14,215 new EEOICPA beneficiaries in Tennessee. Please address the following:

1. Please provide documentation to verify there are 14,215 new Tennessee EEOICPA beneficiaries.

**Response:** The Applicant should have said that according to the statistical data of the U.S. Department of Labor ("DOL") Office of

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Workers Compensation Programs, Division of Energy Employees Occupational Illness Compensation Program Statistics, found on the EEOICPA's website, there were a total of 14,215 Part B and E approved cases filed as of 5/25/2015.

<http://www.dol.gov/owcp/energy/regs/compliance/weeklystats.htm>  
See Attachment B Project Description Item 1.

2. Please clarify the timeframe of the new beneficiaries.

**Response:** The EEOICPA Website does not indicate the time frame for the information listed on the EEOICPA Website. In addition, the Applicant contacted a representative from the DOL/EEOICPA district office and the supervisor in that office was unable to give the time frame for the statistics. The information on the Website is not stored in a way that is available to the public so it is not possible to determine the number of new patients by comparison to the information on a specific prior date. However, according to the updated information on the Website as of June 14, 2015, there were 14,242 approved cases in Tennessee which is an increase of 27 new approved cases in three weeks. If that trend continued, there would be a 468 increase in approved cases approved in Tennessee each year.

3. What percentage of the 14,215 new EEOICPA beneficiaries requires home health services?

**Response:** The Applicant has no way of knowing how many EEOICPA beneficiaries qualify for home health care, however, the disease and conditions that qualify for EEOICPA coverage are of the type that are progressive, debilitating and require long term care which typically require home health care. However, according to the DOL's Medical Provider Update, Home health care is by far the biggest medical expense category payable by EEOICPA. See Attachment B Project Description Item I.

4. What is the trend of EEOICPA eligible volume in Tennessee over the past 10 years? Is this population truly growing?

**Response:** The exact volume of increase for Tennessee in the past ten years is not available; however, according to graphs prepared by the EEOICPA Statistics, the total EEOICPA compensation paid from June 2001 to December 2014 for the Y-12 National Security Complex, the Oakridge National Laboratory and the Oak Ridge Gaseous Diffusion Plant increased dramatically. Each graph evidences a significant increase of EEOICPA eligible volume in Tennessee since the initiation of the EEOICPA. Please

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note that although there are 12 DOE worksites in Tennessee, the EEOICP only provided cumulative compensation statistics for the three aforementioned worksites and there are eight DOE worksites in the project's Service Area.

See Attachment B, Project Description, Item I.

5. Please clarify if workers are better protected from radiation exposure than they were in the past.

**Response:** The Applicant is not qualified to know whether or not workers are better protected from radiation exposure than they were in the past; however, EEOICPA claims are not limited to diseases that result from radiation exposure but from working with other toxic substances such as chemicals, solvents, acids and metals. There are hundreds of chemicals that people are still being exposed to today that cause a wide array of illness. There are so many different chemical exposures that a data base now exist with department of labor showing all exposures at all sites. This is not limited to just radiation exposure or people who worked on the atomic bomb.

Please clarify if a Registered Nurse has been identified to act as the Director of Nursing. If so, please provide an overview of their experience in providing home health care.

**Response:** The Applicant has two potential candidates for the Director of Nursing position. Both candidates have experience in case management in home health care.

Please clarify which private insurers reimburse for EEOICPA care. What percentage of the applicant's EEOICPA patients would be enrolled in private insurance in Year One and Year Two of the proposed project?

**Response:** EEOICPA is the payment program through the Department of Labor. Since EEOICPA fully pays for the EEOICPA beneficiaries' care, most EEOICPA patients are not enrolled in private insurance and would not be in Year One or Year Two of the proposed project.

Please provide a description of the duties, functions and tasks which the applicant intends to perform as part of "home health nursing services".

**Response:** The Applicant will provide all the personal support services that it currently provides but will also provide skilled nursing care. These services will be provided for extended hours in the home instead of the shorter intermittent visits that are provided by typical home health agencies. Home health agencies

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typically provide intermittent visits limited to one skill at each visit such as wound care or medication management. Patriot will provide care for the patient's entire well-being and will not be limited to performing only one skill. The main focus of the care will be their covered EEOICPA conditions. The patient will be assessed by the RN case manager weekly and changes will be made constantly to the patient's plan of care as their needs change and their disease progresses.

Please provide a brief description of the owner's expertise in starting and managing a home health agency. Please include the volume of patients served in the response.

**Response:** The owner of the Applicant is Caleb Mullins. He has been managing a personal support service agency for the past year along with his wife, Megan Mullins. Mrs. Mullins previously worked as a manager for a home health agency and has four years of experience in managing home health services to beneficiaries of EEOICPA and acts as the Director of Patriot.

It is noted the applicant does not intend to provide intermittent episodic care. However, on page 12 the applicant states simple weekly visits will occur. Please clarify.

**Response:** Not all patients will require 12 or 24 hour care, however, the Applicant's potential patient will require a longer or more frequent visit than provided by the typical home health agency. EEOICPA patients are usually suffering from a progressive or long term condition and will require care for the remainder of their life rather than for an episode of weeks or months.

What is the age range of your current EEOICPA personal support services clients being served?

**Response:** The Applicant's current patients' ages range from 40 to 91 years old.

Please provide documentation that homemaker and personal support services are defined in 42 CFR Section 440.80.

**Response:** 42 CFR Section 440.80 defines private duty services in part as follows:

**§ 440.80 Private duty nursing services.**

*Private duty nursing services* means nursing services for recipients who require more individual and continuous care than is available from a visiting nurse or routinely provided by the nursing staff of the hospital or skilled nursing facility.

This definition of private duty does not include personal support services or homemaker services. The Applicant seeks a CON to provide home health

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services that include both private duty services and personal support / homemaker services.

It is noted the applicant is an authorized provider of home health services under EEOICPA. Please clarify what home service is currently authorized. In addition, has the applicant ever provided home health services to patients other than personal care services?

**Response:** The Applicant is currently licensed to provide personal support services in Tennessee and only provides personal support services. Unlike the state of Tennessee, EEOICPA does not distinguish between homemaker/ personal support services and other home health agency services when it approves a provider to be part of the program. Both personal support services and home health care are categorized as home health by the EEOICPA. The Applicant seeks to become a licensed home health agency in order to be able to provide home health services in addition to personal support services to EEOICPA in the Service Area.

It is noted the applicant wants to include homemaker and personal support services as part of the establishment of a home health agency. Please respond to the following:

1. Please clarify that homemaker and personal support services are already being provided by the applicant. If so, would the applicant bill those services under the home health license or the personal care services license?

**Response:** The Applicant currently provides homemaker and personal support services under its personal support services license. EEOICPA categorizes homemaker with personal care services. If the Applicant is approved to become a Tennessee home health agency, the Applicant would discontinue providing care as a personal support services agency and would provide those services as part of its home health services.

2. Is the reimbursement for homemaker and personal care services the same under both licenses? Please clarify.

**Response:** Yes. Homemaker services are the same as personal care services in the EEOICPA program. EEOICPA will not change its reimbursement rates for these services as a result of the Applicant becoming a Tennessee licensed home health agency.

It is noted the applicant holds a personal support services license from the State of Tennessee Department of Mental Health and Substance Abuse Services. Please provide an overview of the services provided, number and types of staff, counties covered, and number of patients. Please clarify why the applicant is not also seeking to provide home health services in conjunction with personal support services to this population.

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**Response:** The Applicant is seeking to provide home health services to the population it now serves. One of the considerations in seeking to obtain a CON to provide home health services is to provide home health care as well as the personal support services to its current patients. The Applicant provides services in Roane, Meigs, Anderson and Knox. The Applicant currently contracts with or employs the following staff: 1 RN, 2 Office Employees, 14 Personal Care Attendants/Homemaker Aides (These fall under the same category with DOL) and 2 CNA's. Patriot's current client's receive anywhere between 35 hours -168 hours each per week of services. They all receive 8 hours per month (2 hours per week of case management). An overview of the services which Patriot currently provides is at Attachment B Project Description Item 1.

On page 21 the applicant states low cost equipment such as blood pressure cuffs will be purchased by the applicant. With this in mind, please discuss the typical patient the applicant will provide care to.

**Response:** The typical EEOICPA patient suffers from respiratory conditions, cancer, and other consequential illnesses caused by their main covered condition. These conditions are related to exposure to asbestosis, beryllium, and in our older clients radiation exposure. These are just a few of the work place related exposures. The typical patient hears about a home health agency through word of mouth since EEOICPA is not widely promoted by Department of Labor, and in the Applicants experience, is often unknown to physicians, and the potential clients. The Applicant has several physicians that currently work well and willingly with the Applicant.

Clients typically start out with personal care attendant services and as their disease progresses, they require more skilled care. Patriot would provide focused care for their DOL covered condition while meeting all of their skilled needs. The skilled nurse will provide assistance with activities of daily living, administer medications, educate the patient about their disease and disease progression, provide transportation to physicians appointments, provided communication to the physician's office regarding all aspects of their care, address safety concerns in the home, provide respite care, provide vital sign monitoring, and provide other skilled care as needed (ex. Wound care). EEOICPA pays for patients to have more hours of care in the home and therefore, patients do not have to move to a long term care skilled nursing facility. Home care is better for the patient's health and quality of life and is a more economical alternative for EEOICPA, the patient, and their families.





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Gentiva Health Services				X	X	X	X		X
<b>Personal Care Agency</b>									
ABC Inc.	x	x				x			
Brightstar Care	x	x				x			
Daybreak Personal Services	X	x				x			
East TN Personal Care Service	X	x				x			
Home Helpers of East TN	x	x				x			
Hope 4 Tomorrow LLC	x	x				x			
Rescare Homecare-Knoxville	x	x				x			

**2. Section C, Need, Item 1.a. (Project Specific Criteria-Home Health Services) (1-4)**

Please complete the following chart for home health agencies in the 5 county service area that provides care to EEOICPA patients.

**Existing Licensed HHAS & Their Utilization serving the 5-County Declared Service Area**

Agency (license #)	Total Counties authorized in license (# counties in PSA)	2012 JAR Total EEOICPA patients served	2013 JAR Total EEOICPA patients served	2014 JAR Total EEOICPA patients served	% Change from 2012-2014
Total –					

**Response:** This information is not available to the Applicant. The Joint Annual Reports do not account for EEOICPA patients served. The EEOICPA does not report publically how many patients any qualified provider serves.

Based on the home health need formula, please discuss why the applicant feels there is a need for an additional home health service agency at this time.

**Response:** Based solely on the need formula, no additional service is needed in the Service Area. However, the home health need formula is based on general

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information reported by the licensed home health agencies and population statics. The home health need formula does not distinguish between the types of services or the payment source in determining the need for an additional home health service agency. Although this formula is important in ensuring a stable health care system, it does not adequately reflect the need for the specific type of services that the Applicant proposes to provide to a specific population in a specific geographic area. Based on the 2014 JARs, there is only one other agency in the Service Area providing both private duty and homemaker type services to EEOICPA beneficiaries and only 3 providing private duty nursing to EEOICPA beneficiaries.

**3. Section C. Need, Item 1 (Specific Criteria: Home Health Services, Item 5 – Documentation of Referral Sources)**

Please address the following home health criterion:

Letters:

5 (a) The applicant shall provide letters of intent from physicians and other referral sources pertaining to patient referral.

**Response:** A letter from Dr. Foote is attached. See Attachment C Need 5.

5 (c) The applicant shall provide letters from potential patients or providers in the proposed service area that state they have attempted to find appropriate home health services but have not been able to secure such services.

**Response:** A letter from Dr. Foote and two letters from patients, including the concurrence of Summit Medical Group of Oak Ridge, Tn, are attached.  
See Attachment C Need 5.

5 (b) The applicant shall provide information indicating the types of cases physicians would refer to the proposed home health agency and the projected number of cases by service category to be provided in the initial year of operation.

**Response:** The Applicant would be referred patients who are EEOICPA beneficiaries. Unlike, patients receiving home health care reimbursed by other government programs, EEOICPA beneficiaries are not typically referred by their physician. Once a beneficiary is authorized to receive EEOICPA benefits they contact a qualified provider for the services which they are authorized to receive. Patriot would work with the physician who provides services to the EEOICPA beneficiary.

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5 (d) The applicant shall provide information concerning whether a proposed agency would provide services different from those services offered by existing agencies.

**Response:** The Applicant would provide "private duty" type care together with personal care and homemaker services. The Applicant believes that only one other EEOICPA home health provider is providing this combination of services as an option for its patients.

**4. Section C. Need Item 1 (Specific Criteria: Home Health Services) - Item 6A and 6B**

Please address the following home health criterion:

A) The average cost per visit by service category shall be listed.

**Response:** EEOICPA does not reimburse the cost of care based on a per visit basis but on an hourly basis. Since the number of hours dedicated to each patient is different depending on their needs there is no way to calculate the average cost per visit. If a patient receives more nursing care then the cost per visit would be higher than for a patient receiving more hours of homemaker services.

B) The average cost per patient based upon the projected number of visits per patient shall be listed.

**Response:** The typical EEOICPA beneficiary receives care for the remainder of their life so it is impossible to project the number of visits per patient. Therefore, impossible to project the average costs per patient. However, since all of the care is paid for by EEOICPA, there would be no cost to any other private or government insurance program.

**5. Section C, Need, Item 6**

Please provide the details regarding the methodology used to project 30 patients during the first year of operation and 60 patients during the second year of operation. The methodology must include detailed calculations or documentation from referral sources.

**Response:** The typical EEOICPA beneficiary is not referred from another provider but relies on the list of EEOICPA qualified agencies to seek home health care. Dr. Clary Foote has stated that he would refer his EEOICPA patients to the Applicant. The Applicant's projection of 30 patients in the first year and 60 patients in the second year is based on its experience with the growth of its personal support services to EEOICPA beneficiaries and the request for services

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from EEOICPA services that it has received. Patriot was established in 2014 and has grown to 15 patients in the first year. It believes that the need for personal support services combined with nursing care would result in the number of patients doubling each year. Unlike the typical home health patient, EEOICPA patients almost always continue to need the home health services for the remainder of their life so the number of patients does not decrease unless there is death; however the number of EEOICPA beneficiaries is increasing weekly.

Please complete the following chart for Year One of the proposed project:

Patient	Currently receiving EEOICPA Personal Care Services from Patriot	Currently receiving EEOICPA Home Health Services	Currently a Personal Care Patient of Patriot currently meets medical criteria for EEOICPA home health services but not receiving them	Past/or Future referral from Dr. Clary Foote (Please Specify)*	Patient County				
					Anderson	Knox	Meigs	Morgan	Roane
#1	x	x			x				
#2	x	x				x			
#3	x	x					x		
#4	x		x	Past					x
#5	x		x						x
#6	x		x		x				
#7	x		x		x				
#8	x				x				
#9	x				x				
#10	x				x				
#11	x						x		
#12	x			Past					x
#13	x			Past					x
#14	x								x
#15	x								x
#16	In Process			Future					
#17	In Process			Self-referred					
#18	In Process			Self-referred					
#19				Self-referred					
#20				Self-referred					
#21				Self-referred					
#22				Self-referred					
#23				Self-referred					

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#24				Self-referred					
#25				Self-referred					
#26				Self-referred					
#27				Self-referred					
#28				Self-referred					
#29				Self-referred					
#30				Self-referred					
Total									

#### 6. Section C. Economic Feasibility Item 1 (Project Cost Chart)

There appears to be a typo under the Legal, Administrative, and Consultant Line. Please revise and submit a replacement page.

**Response:** A revised Project Cost Chart is attached as Attachment C Economic Feasibility Item 1.

The one year leased space cost of \$6,000 is noted in the Project Cost Chart. However, please provide the fair market value and resubmit.

**Response:** The Applicant believes that the fair market value of the lease space is approximately \$10,500. The lease is a month to month lease at a rental of \$500 per month. The cost of the lease over the term is \$500. Please see the revised Project Cost Chart attached as Attachment C Economic Feasibility.

Where has office furniture, fax machines, computers, medical billing, etc. been accounted for in the Project Costs Chart?

**Response:** Patriot has adequate office furniture, fax machines, computers, medical billing and would not have to purchase a these items.

#### 7. Section C. Economic Feasibility Item 2 (Funding)

The bank statement from SunTrust Bank for Camm Care, LLC with an ending balance of \$39,319.41 as of May 31, 2015 is noted. However, it appears this account is dedicated to a separate line of business other than what the applicant is seeking in this Certificate of Need application. Please clarify how this account will support the current personal care services line of business, in addition to launching a home health business that involves the employment of 61 FTEs and providing care to 30 patients in Year One.

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**Response:** The Suntrust Bank account for Camm Care, LLC is the bank account for the personal support services agency and the reserves will support a steady growth in patients and services. If the Applicant is successful in being granted a CON to provide, home health services, the Applicant will not continue to operate the personal support services business as a separate business from its home health agency but will expand its operations to include the additional nursing services that a home health agency can provide. The reserves would be available to grow its current business as a home health agency.

The letter from the applicant attesting to the availability of cash to fund the proposed project is noted. However, please provide a letter from a bank that attests to the availability of cash reserves to fund the project.

**Response:** A letter from SunTrust Bank is attached at Attachment C Economic Feasibility Item 2.

Please clarify why the applicant does not currently have the cash reserves to pay for legal fees associated with the project and must rely on future anticipated cash reserves?

**Response:** The Applicant has adequate cash reserves to pay legal fees. The only remaining legal fees are \$10,000 and there are more than adequate reserves to pay all remaining legal fees.

The funding letter from Caleb Mullins of Patriot Homecare that states a majority of the project costs have already been paid is noted. However, on page 21 of the application it states the filing fee of \$3,000 which represents 7.8% of the project costs has been paid. Please clarify.

**Response:** The only remaining unpaid project costs are \$10,000 for legal fees and license fee of \$1080.

#### 8. Section C. Economic Feasibility Item 4 (Projected Data Chart)

Please clarify the reason salaries and wages expense increases from \$2,042,728 in Year One to \$3,889,456 in Year Two, while FTE employees are projected to be 61 in both Year One and Year Two.

**Response:** Please see the revised staffing chart at Attachment C Contribution to the Orderly Development of Health Care Item 3.

Please complete the following chart for Other Expenses:

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**Caleb and Megan revise the chart below as needed.**

**PROJECTED DATA CHART-OTHER EXPENSES**

<u>OTHER EXPENSES CATEGORIES</u>	Year One	Year Two
1. Utilities, Telephone	\$ <u>3,000</u>	\$ <u>3,000</u>
2. Insurance	<u>2,000</u>	<u>2,000</u>
3. Professional fees	<u>2,500</u>	<u>2,500</u>
4. Contingency fund.	<u>1,500</u>	<u>1,500</u>
5.		
6.		
7.		
<b>Total Other Expenses</b>	<b>\$10,000</b>	<b>\$10,000</b>

**9. Section C, Economic Feasibility, Item 8**

If there is an unexpected major delay in the payment of claims in Year One, how will the applicant pay employees and sustain services to existing home health patients?

**Response:** Unexpected delay would result in a hardship and the Applicant would have to draw on any reserves. However, EEOICPA has a long history of timely quarterly payments and it is unlikely that there would be any delay in payment of claims.

**10. Section C, Economic Feasibility, Item 10**

Please provide a copy of the latest balance sheet and income statement for the applicant as well as the most recent **audited** financial statements with accompanying notes, if available.

**Response:** The Applicant's profit and loss statement for March 2015 and the balance sheet and profit and loss statement for May 2015 are attached at Attachment C, Economic Feasibility Item 10. The Applicant does not have audited financial statements but has provided its year end bank statement and Letter from SunTrust at Attachment C Economic Feasibility Item 10.



## SUPPLEMENTAL

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**11. Section C, Orderly Development, Item 3**

The employment chart in Attachment C, Orderly Development 3 is noted. However, please provide a source that documented the prevailing wage patterns in the service area.

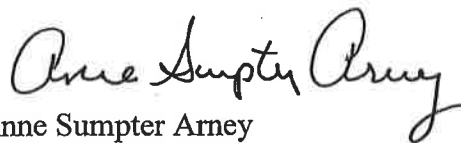
**Response:** The source that documented the prevailing wage patterns in the service area is the Tennessee Department of Labor and Workforce Development's 2014 Occupational Wage Report found at <http://www.tn.gov/labor-wfd/wages/2014/TOC000.htm>

Please clarify the reason 30 Personal Care Attendants were included in the staffing chart.

**Response:** Some of the care provided by the Applicant will be provided by Personal Care Attendants. Personal Care Attendants provide assistance with daily living, such as bathing, dressing etc. In addition, they may also provide homemaker services.

Please let me know if you have any further questions for the Applicant in order to deem this Application complete.

Very truly yours,



Anne Sumpter Arney

ASA/kh  
Enclosures

AFFIDAVIT

SUPPLEMENTAL

STATE OF TENNESSEE

COUNTY OF DavidsonNAME OF FACILITY: Camm Care LLC dba Patriot Homecare

I, Anne Sumpter Arney, after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Anne Sumpter Arney  
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 23<sup>rd</sup> day of June, 2015  
witness my hand at office in the County of Davidson, State of Tennessee.

Kristie Putman  
NOTARY PUBLIC

My commission expires May 3, 2016

HF-0043

Revised 7/02



United States Department of Labor  
Office of Workers' Compensation Programs  
Office of Workers' Compensation Programs (OWCP)

## EEOICP Program Statistics

Last year, the DEEOIC deployed a new case management system for use by our claims staff. The new system is constructed differently than the previous system, and we determined that it was appropriate to re-examine our statistics and how they are displayed on the web site. For the past several months, we have been working on reconstructing the site and the statistics. Therefore, viewers may notice some differences in the web statistics.

The separate category for the non-covered applications has been removed and those counts are now included in the Final Decision counts. Although the number of posted denials appears to increase, there is not an increase in total numbers. Denials are being shown under a single category instead of being split into two separate counts.

In the past, on our state-by-state pages, medical bill payments were attributed to each state in which any claimant (including multiple survivors) on the case resided, resulting in an overstatement of the amount of medical bill payments in a given state. Medical bill payments are now being attributed to the state in which the employee resides. Although the National page total was not affected by this change, the current state medical totals will show a reduction from previously-reported amounts.

A list of definitions for the terms used on the EEOICP Program Statistics web pages is available [here](#).

## Highlights

- [View Part B Statistics](#)
- [View Part E Statistics](#)
- [View Part B NIOSH and SEC Statistics](#)

## TENNESSEE

Data as of 05/26/2015

Statistical data updated weekly on Mondays

## Combined Part B and E Summary

		CLAIMS	CASES
Applications Filed		39,041	27,625*
Total Compensation Paid	Payments	14,728	11,753
	Total Dollars		\$1,525,362,890
Total Medical Bills Paid	Total Dollars		<u>\$436,539,720</u>
Total Compensation + Medical Bills Paid			\$1,961,902,610

\* The above numbers of applications filed represent 15,721 unique individual workers.

**Part B**

<b>Applications Filed</b>		<b>CLAIMS</b>	<b>CASES</b>
		19,376	13,301
<b>Final Decisions</b>			
	<b>Approved</b>	9,915	7,169
	<b><u>Denied</u></b>	<u>7,308</u>	<u>5,224</u>
	<b>Total</b>	17,223	12,393
<b>Compensation Paid</b>			
	<b>Payments</b>	8,974	6,502
	<b>Total Dollars</b>	\$910,818,700	

**Part E**

<b>Applications Filed</b>		<b>CLAIMS</b>	<b>CASES</b>
		19,665	14,324
<b>Final Decisions</b>			
	<b>Approved</b>	8,269	7,046
	<b><u>Denied</u></b>	<u>9,284</u>	<u>6,023</u>
	<b>Total</b>	17,553	13,069
<b>Compensation Paid</b>			
	<b>Payments</b>	5,754	5,251
	<b>Total Dollars</b>	\$614,544,190	

## Anne Sumpter Arney

---

**From:** United States Department of Labor <subscriptions@subscriptions.dol.gov>  
**Sent:** Friday, June 19, 2015 1:54 PM  
**To:** Anne Sumpter Arney  
**Subject:** DEEOIC Medical Provider Updates



UNITED STATES  
DEPARTMENT OF LABOR

Good jobs for everyone.

### DEEOIC Medical Provider Update

[Subscribe to this newsletter](#)

June 19, 2015

U.S. Department of Labor/Office of Workers' Compensation Programs/Division of Energy Employees Occupational Illness Compensation, 200 Constitution Ave., NW, Washington, DC 20210

Web: [www.dol.gov/owcp/energy/](http://www.dol.gov/owcp/energy/) Email: [Deeoic-public@dol.gov](mailto:Deeoic-public@dol.gov) Phone: 1-866-888-3322

---

## Countdown to ICD-10

DEEOIC is currently working to transition our medical bill processing system from ICD-9 to ICD-10. The implementation to ICD-10 is a government-wide initiative scheduled for implementation October 1, 2015. ICD-10 represents a significant expansion of the diagnosis and disease coding for medical bill processing. DEEOIC has developed a simple question and answer document on the subject.

- [View additional information about the transition](#)
- [View the Frequently Asked Questions for Medical Providers \(PDF\)](#)

---

## Home Health Care Statistics

Do you know what one of the largest expense categories is for medical bill payment under the DEEOIC? The answer is Home Health Care. It is by far the biggest medical expense category payable by the program. As of March 31, 2015, DEEOIC has paid more than \$1.2 billion to ensure that employees with accepted work-related illnesses receive medically appropriate home health care services. Our Denver district office processes the greatest number of home health care claims.

- [View a distribution of home health care expenses by district office \(PDF\)](#)

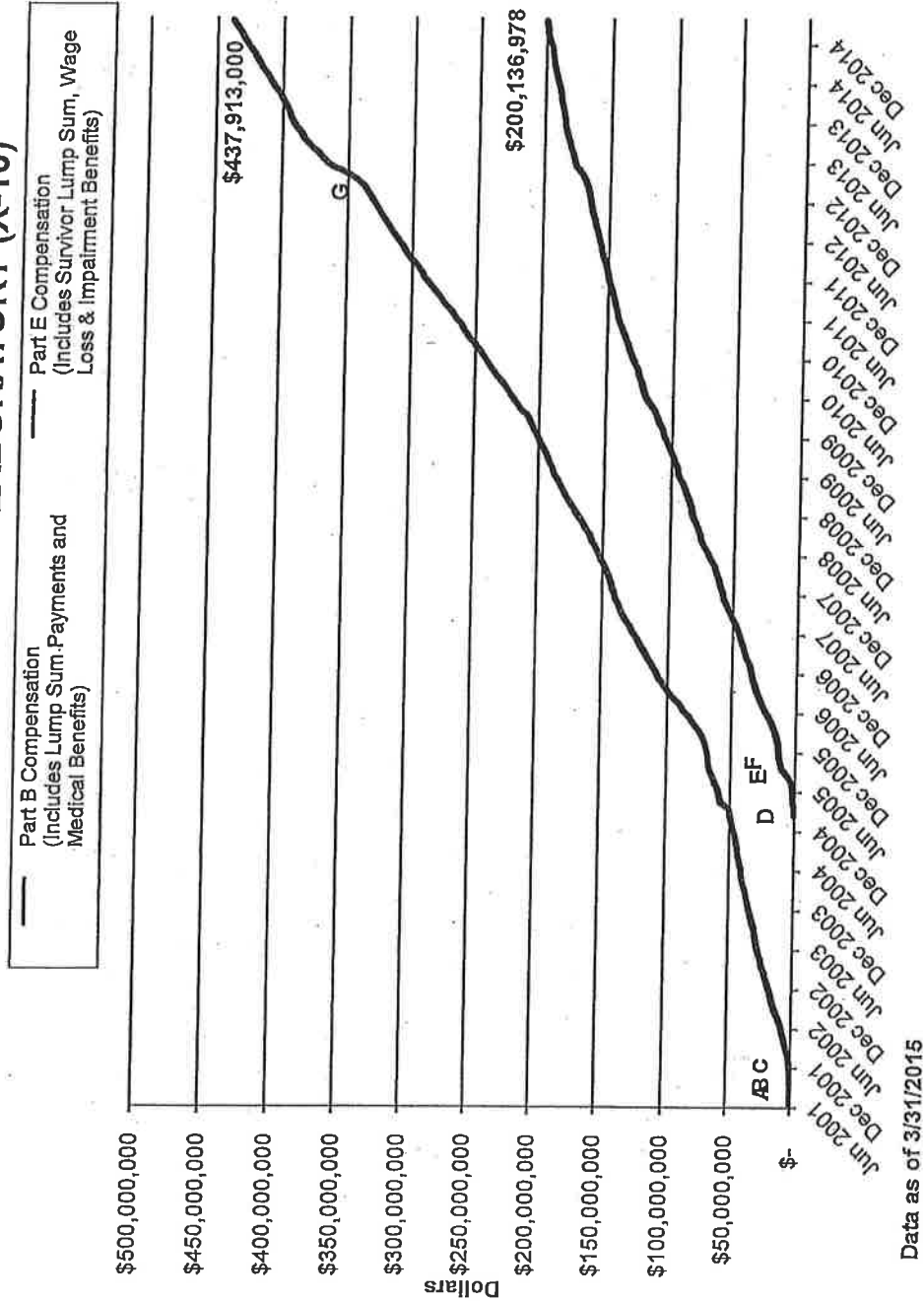
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## Insider Tip

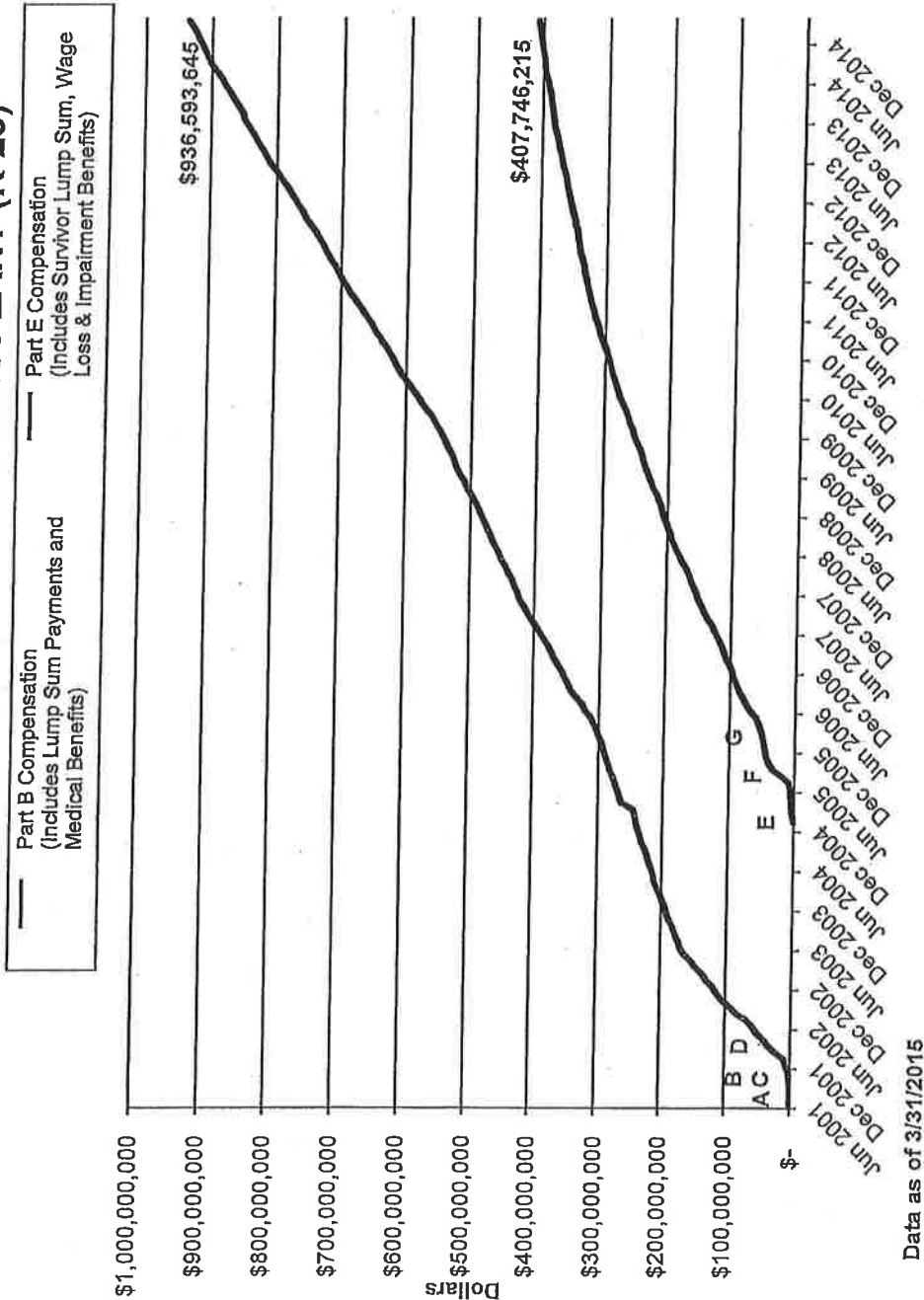
DEEOIC pays prescription medications based on Federal Drug Administration (FDA) guidance on the designated use(s) of a drug to treat specific disease or illness. Medication prescribed to treat a DEEOIC accepted illness that is "off label" or not recognized by the FDA as a treatment of the condition requires special processing. When a physician has prescribed an "off label" medication to treat a DEEOIC accepted medical condition, the patient will be asked to supply the following information to receive consideration for coverage:

- a. Medication Name
- b. 11 digit National Drug Code

# Cumulative EEOICPA Compensation Paid - OAK RIDGE NATIONAL LABORATORY (X-10)

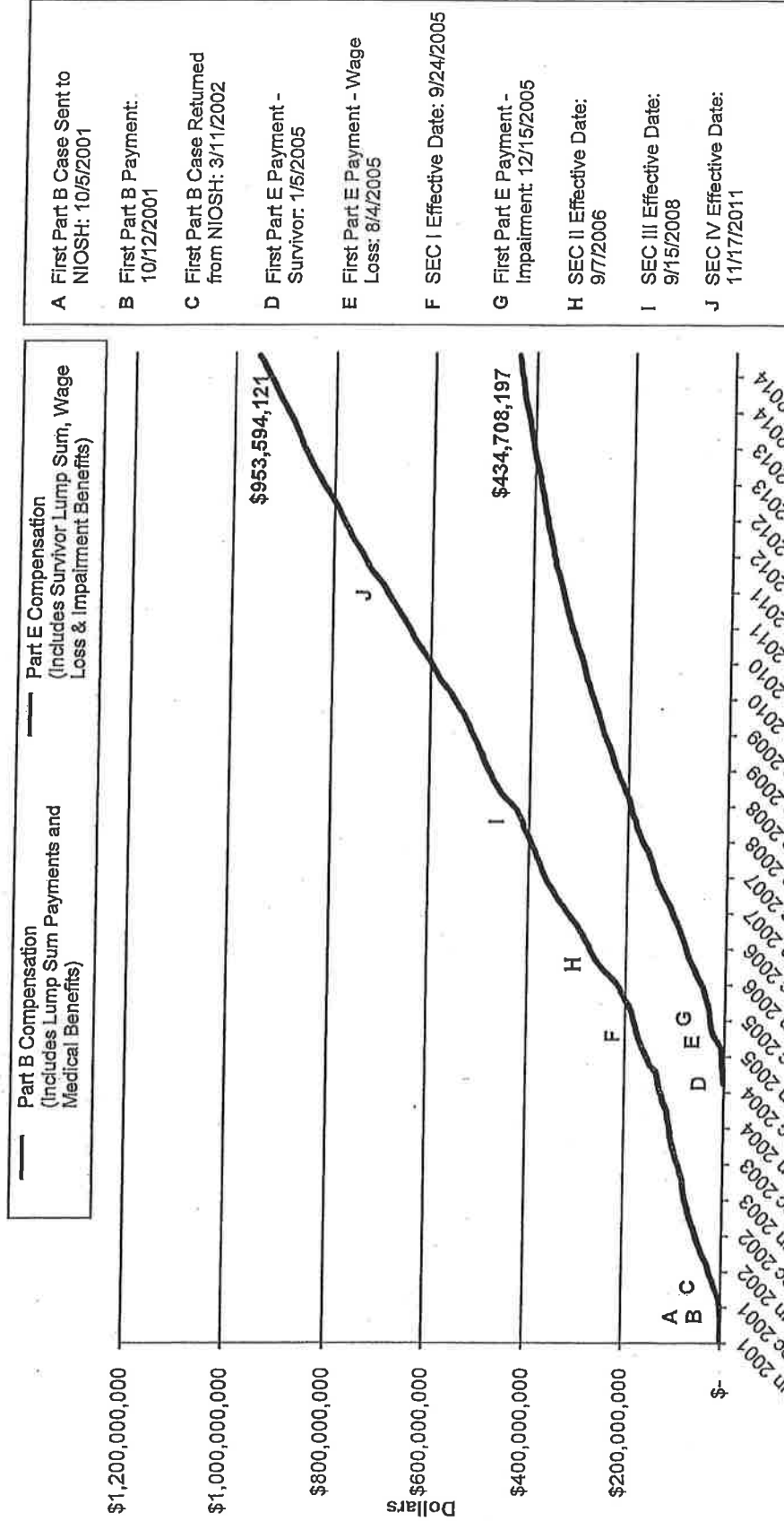


# Cumulative EEOICPA Compensation Paid - OAK RIDGE GASEOUS DIFFUSION PLANT (K-25)



2015-03-31 10:10:11

# Cumulative EEOICPA Compensation Paid - Y-12 PLANT



Data as of 3/31/2015



## Attachment B Project Description Item 1

## Overview of Services

- Perform housekeeping duties, such as cooking, cleaning, washing clothes or dishes, or running errands
- Care for individuals by providing companionship, personal care, or help in adjusting to life changes
- Provide assistance during all activities of daily living
- Provide personal care or ambulation assistance during personal care
- Prepare and maintain records of client progress and services performed, reporting changes in client condition to RN supervisor
- Plan, shop for, or prepare nutritious meals based on client's plan of care
- Participate in case reviews, consulting with the team caring for the client to evaluate the client's need for continued services
- Instruct or advise clients on issues such as household cleanliness, hygiene, or nutrition
- Provide clients with communication assistance with physician offices
- Transport clients as needed to physician's offices in their personal vehicle
- Train family members to provide care
- Assist client with vital sign monitoring
- RN case manager completes an initial assessment of client and family to determine home care needs, regularly re-evaluates patient's home care needs; initiates the plan of care and makes necessary revisions as client's status and needs change, develops a care plan which establishes goals, based on covered diagnosis and incorporates preventive and rehabilitative actions, counsels the client and family in meeting home care needs, provides instructions to client as appropriate per assessment and plan, identifies discharge planning needs as part of the care plan development and implements prior to discharge of the client, prepares clinical notes and updates the primary physician when necessary, communicates with the physician regarding the client's needs and reports any changes in the client's condition, obtains/receives physicians orders as required, communicates with appropriate persons to coordinate care plan and ensures that communication for equipment and other necessary items and services are available and communicated to the office.

## ATTACHMENT C NEED 5



Dr. Clary Foote, M.D., P.C.  
190 North Roane Street  
Harriman, Tn 37748  
Ph: 865-882-2800  
Fax: 865-882-3512

April 13, 2015

Clary Foote, MD  
190 N Roane Street  
Harriman, TN 37748  
P: (865)882-2800

Tennessee Health Services Development Agency  
Andrew Jackson Building, 9th Floor  
502 Deaderloek Street  
Nashville, TN 37243

To Whom It May Concern:

I am writing this letter on behalf of CAMM Care LLC dba Patriot Homecare. Patriot Homecare currently provides personal care services to my patients. I will continue to be a referral source to them in support of them pursuing their Certificate of Need. This will allow my patients to receive all of their care from one source and will allow us to work together to provide a more focused plan of care without the hassle and inconvenience of having multiple companies involved in their care. I believe this will also improve on the quality of care that my patients receive.


This is a much needed service in our area and I believe CAMM Care LLC dba Patriot Homecare will continue to provide quality, compassionate care to my patients. If I can be of any more assistance, please feel free to contact our office.

Sincerely,

A handwritten signature in black ink, appearing to read 'Clary Foote'.

Clary Foote, MD

## ATTACHMENT C NEED 5



June 4, 2015



State of Tennessee  
Health Services & Development Agency  
500 Deaderick Street, 9<sup>th</sup> Floor  
Nashville, Tennessee 37243

Dear Gentlemen and Ladies:


I have been accepted with several illnesses with DOL, EEOICPA since 2007. I was approved to receive the benefits of skill nursing (8 hours a day, 5 days a week) and home care services (24 hours a day, 7 days a week) July 2014. I required the services long before I received them. It was a matter of dealing with strangers in my home daily.

Since July 2014, I have had three nurses to come to my home to provide me with RN services 8 hours a day, five days a week; this working with two separate providers. The first provider worked for herself and it was difficult for her to work without oversight and had no one to replace her the times she was not able to show up. The next two proved to be untrustworthy and unhealthy to be in my home. These providers did not care about my well fare only that they were able to bill off me. Currently, I only receive RN case management with my personal care services through Patriot; which means, I am presently without nursing care.

I am hoping and praying that Patriot will be awarded the opportunity to provide Nursing as well as the home makers; which they are doing an outstanding job with integrity and the personal care they give each patient. This year has been difficult having to deal with two different providers. I know from my personal experience that it would be easier on the patient if services were under one provider that cares and is serious about taking care of the patient. I keep my physicians informed and they are concern about certain providers misusing patients in this program. My physicians work willingly with Patriot on my behalf without disappointment.

My phone is constantly ringing where word is out that I have accepted conditions with DOL; different providers call who has partnered with the union or lawyers to grab up approved patients for their own benefit. I know I can trust Patriot to care for me. If you should have any questions, feel free to contact me any time on my cell which is  or my home number which is .

Respectfully,



cc: Dr. Bridgeman

*I concur with the above.*  
*James S. Bridgeman MD*

## ATTACHMENT C NEED 5

SUPPLEMENTAL

June 4, 2015

I currently receive personal care services through Patriot Homecare. I am in need of nursing services but have been too leery of trying to obtain them through another company because of other family member's experiences. I hope that Patriot can become licensed and provide my nursing services. They have been very caring and helpful with everything that I have needed. They always go above and beyond to make sure all of my needs are met and make me feel like I am their only patient. They are also very knowledgeable about Department of Labor which has helped me a great deal. I hope that this is a service they can provide as I know that I am in need now but do not want to deal with another company.

Sincerely,

A large black rectangular redaction box covering the signature area.



To whom it may concern,

As of December 31, 2014 the Business Checking Account ending in 4074 of Camm Care LLC had an average balance of \$48,438.24.

As of June 18, 2015 the Business Checking Account ending in 4074 of Camm Car LLC had a balance of \$34,810.40.

Matthew Marshall

Financial Services Rep

Oak Ridge In-Store

Office: 865-294-0156

Email: [Matthew.R.Marshall@suntrust.com](mailto:Matthew.R.Marshall@suntrust.com)

ATTACHMENT C CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE  
ITEM 3

SUPPLEMENTAL

Position	No. of Full Time Equivalent Employees	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	Applicant's Planned Salary/Wage Range	Prevailing Wage for this type of Employee
Administrator	1	1	1	\$40,000/year	\$68,343/year*
Director of Nursing	1	1	1	\$80,000/year	\$51,631/year
Contracted RNs	2	2	2	\$30/hour	\$24/hour
Staff LPNs	15	15	30	\$26/hour	\$17/ hour
Certified Nursing Assistant	10	10	20	\$11/hour	\$10/hour
Personal Care Attendant	30	30	60	\$10/hour	\$10/hour
Marketing Director	1	1	1	\$50,000/year	\$77,768/year
Receptionist	1	1	1	\$26,000/year	\$21,985/year
<b>Total</b>	<b>61</b>	<b>61</b>	<b>116</b>		

8:28 AM  
06/18/15  
Cash Basis

99  
ATTACHMENT C ECONOMIC FEASIBILITY ITEM 10

SUPPLEMENTAL

**CAMM CARE LLC**  
**Profit & Loss**  
January through March 2015

	Jan - Mar 15
Ordinary Income/Expense	
Income	
Gross Income	198,051.29
Total Income	198,051.29
Gross Profit	198,051.29
Expense	
OPERATING EXPENSES	
Advertising and Promotion	1,679.44
Bank Service Charges	8.90
Computer and Internet Expenses	474.80
Contract Labor	92,544.00
Employee Wages	6,144.92
Meals and Entertainment	141.48
Mileage Expense	3,155.02
Misc Expenses	708.50
Office Supplies	2,090.49
Professional Fees	8,800.00
Rent Expense	1,000.00
Taxes and Licenses	20.00
Telephone Expense	1,435.95
Utilities	1,037.16
Total OPERATING EXPENSES	119,240.66
Total Expense	119,240.66
Net Ordinary Income	78,810.63
Net Income	78,810.63

8:14 AM

06/18/15

Cash Basis

**CAMM CARE LLC****Profit & Loss**

May 2015

	<u>May 15</u>
<b>Ordinary Income/Expense</b>	
Income	
Gross Income	90,843.76
Total Income	<u>90,843.76</u>
Gross Profit	90,843.76
Expense	
OPERATING EXPENSES	
Advertising and Promotion	150.00
Bank Service Charges	8.75
Computer and Internet Expenses	153.32
Contract Labor	49,225.00
Employee Wages	5,531.29
Insurance Expense	211.60
Meals and Entertainment	50.40
Mileage Expense	1,512.25
Mileage Reimbursement	586.50
Misc Expenses	940.69
Office Supplies	493.48
Professional Fees	250.00
Repairs and Maintenance	10.00
Telephone Expense	197.13
Utilities	130.66
Total OPERATING EXPENSES	<u>59,451.07</u>
Total Expense	<u>59,451.07</u>
Net Ordinary Income	<u>31,392.69</u>
Net Income	<u><u>31,392.69</u></u>



8:16 AM

06/18/15

Cash Basis

**CAMM CARE LLC**  
**Balance Sheet**  
 As of May 31, 2015

	<u>May 31, 15</u>
<b>ASSETS</b>	
Current Assets	
Checking/Savings	
SUNTRUST BANK	39,451.49
Total Checking/Savings	39,451.49
Total Current Assets	39,451.49
Fixed Assets	
Furniture and Equipment	546.23
Total Fixed Assets	546.23
<b>TOTAL ASSETS</b>	<u>39,997.72</u>
<b>LIABILITIES &amp; EQUITY</b>	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Payroll Liabilities	1,877.60
Total Other Current Liabilities	1,877.60
Total Current Liabilities	1,877.60
Total Liabilities	1,877.60
Equity	38,120.12
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u>39,997.72</u>

10:13 AM

06/05/15

**CAMM CARE LLC****Reconciliation Summary****SUNTRUST BANK, Period Ending 05/31/2015**

	May 31, 15
Beginning Balance	2,674.56
Cleared Transactions	
Checks and Payments - 109 items	-52,389.79
Deposits and Credits - 10 items	89,034.64
Total Cleared Transactions	36,644.85
Cleared Balance	39,319.41
Uncleared Transactions	
Checks and Payments - 6 items	-1,757.92
Deposits and Credits - 1 item	1,890.00
Total Uncleared Transactions	132.08
Register Balance as of 05/31/2015	39,451.49
New Transactions	
Checks and Payments - 7 items	-11,933.76
Total New Transactions	-11,933.76
Ending Balance	27,517.73

## ATTACHMENT C ECONOMIC FEASIBILITY ITEM 10

SUNTRUST BANK  
PO BOX 305183  
NASHVILLE TN 37230-5183

Page 1 of 9  
36/E00/0175/0 /53  
4074  
05/31/2015  
0000



# Account Statement



CAMM CARE LLC  
514 DEVONIA ST  
HARRIMAN TN 37748-2115

Questions? Please call  
1-800-786-8787

HOW CAN WE HELP YOU MAKE THE RIGHT FINANCIAL CHOICES FOR TODAY AND TOMORROW?  
WITH OUR VARIETY OF SOLUTIONS AND FINANCIAL GUIDANCE.  
WE VALUE YOU AS A CLIENT AND WANT TO HELP YOU BANK THE WAY THAT FITS YOUR LIFE.  
LEARN MORE AT [SUNTRUST.COM](http://SUNTRUST.COM).

Account Summary	Account Type	Account Number	Statement Period
	PRIMARY BUSINESS CHECKING		05/01/2015 - 05/31/2015

Description	Amount	Description	Amount
Beginning Balance	\$2,674.56	Average Balance	\$18,370.32
Deposits/Credits	\$89,034.64	Average Collected Balance	\$17,980.16
Checks	\$18,934.87	Number of Days in Statement Period	31
Withdrawals/Debits	\$33,454.92		
Ending Balance	\$39,319.41		

Deposits/ Credits	Date	Amount	Serial #		Date	Amount	Serial #
	05/05	735.00		DEPOSIT	05/14	1,155.00	
	05/08	735.00		DEPOSIT	05/26	3,000.00	
	05/13	5,080.88		DEPOSIT			
	05/07	15,342.50		ELECTRONIC/ACH CREDIT			
	05/14	23,689.60		EEOI TREAS 310 MISC PAY		618089000161500	
	05/21	16,566.18		ELECTRONIC/ACH CREDIT			
	05/28	22,730.48		EEOI TREAS 310 MISC PAY		618089000161500	
				ELECTRONIC/ACH CREDIT			
				EEOI TREAS 310 MISC PAY		618089000161500	
				ELECTRONIC/ACH CREDIT			
				EEOI TREAS 310 MISC PAY		618089000161500	

Deposits/Credits: 9

Total Items Deposited: 6

Checks	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid
	298	100.00	05/26	327	924.00	05/15	340	924.00	05/21
	*310	420.00	05/04	328	840.00	05/14	341	840.00	05/22
	*316	500.00	05/06	329	924.00	05/15	342	400.00	05/21
	317	164.20	05/07	330	400.00	05/14	343	924.00	05/22
	318	401.75	05/08	331	401.75	05/11	344	401.75	05/19
	319	560.39	05/05	332	560.39	05/11	345	560.39	05/20
	320	420.00	05/13	333	150.00	05/26	*347	924.00	05/28
	321	924.00	05/13	334	145.33	05/18	348	840.00	05/28
	322	840.00	05/08	335	250.00	05/19	349	400.00	05/28
	323	924.00	05/08	336	130.66	05/15	*351	401.75	05/26
	324	59.15	05/26	337	80.88	05/13	352	560.39	05/26
	325	211.60	05/20	338	586.50	05/13			
	326	420.00	05/20	339	420.00	05/26			

Checks: 37

\*Break in check sequence

## ATTACHMENT C ECONOMIC FEASIBILITY ITEM 10

SUNTRUST BANK  
PO BOX 305183  
NASHVILLE TN 37230-5183

Page 1 of 8  
36/E00/0175/0 /53  
1074  
12/31/2014  
0000



## Account Statement

CAMM CARE LLC  
514 DEVONIA ST  
HARRIMAN TN 37748

Questions? Please call  
1-800-786-8787

HOW CAN WE HELP YOU MAKE THE RIGHT FINANCIAL CHOICES FOR TODAY AND TOMORROW?  
WITH OUR VARIETY OF SOLUTIONS AND FINANCIAL GUIDANCE,  
WE VALUE YOU AS A CLIENT AND WANT TO HELP YOU BANK THE WAY THAT FITS YOUR LIFE.  
LEARN MORE AT [SUNTRUST.COM](http://SUNTRUST.COM).

Account Summary	Account Type	Account Number	Statement Period
	PRIMARY BUSINESS CHECKING		12/01/2014 - 12/31/2014

Description	Amount	Description	Amount
Beginning Balance	\$45,136.90	Average Balance	\$48,535.98
Deposits/Credits	\$62,305.76	Average Collected Balance	\$48,438.24
Checks	\$9,839.30	Number of Days in Statement Period	31
Withdrawals/Debits	\$48,556.84		
Ending Balance	\$49,046.52		

Deposits/ Credits	Date	Amount	Serial #		Date	Amount	Serial #
	12/09	5,000.00		DEPOSIT	12/22	630.00	
	12/15	1,900.00		DEPOSIT	12/29	600.00	
	12/04	2,975.22		ELECTRONIC/ACH CREDIT			
	12/11	18,188.88		EEOI TREAS 310 MISC PAY	618089000161500		
	12/18	540.00		ELECTRONIC/ACH CREDIT			
	12/18	16,709.24		EEOI TREAS 310 MISC PAY	618089000161500		
	12/24	15,762.42		ELECTRONIC/ACH CREDIT			
				INTUIT PAYROLL S QUICKBOOKS	465202800		
				ELECTRONIC/ACH CREDIT			
				EEOI TREAS 310 MISC PAY	618089000161500		
				ELECTRONIC/ACH CREDIT			
				EEOI TREAS 310 MISC PAY	618089000161500		

Deposits/Credits: 9

Total Items Deposited: 5

Checks	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid
	259	792.00	12/02	268	240.00	12/19	*1008	275.00	12/08
	*262	360.00	12/05	269	924.00	12/23	*1012	500.00	12/08
	263	924.00	12/09	270	350.00	12/19	1013	223.16	12/09
	264	350.00	12/05	271	240.00	12/24	1014	392.30	12/10
	265	240.00	12/12	272	924.00	12/29	1015	144.21	12/15
	266	924.00	12/16	273	350.00	12/24	1016	271.63	12/11
	267	350.00	12/12	*275	840.00	12/31	1017	225.00	12/11

Checks: 21

\*Break in check sequence

Withdrawals/ Debits	Date Paid	Amount	Serial #	Description
	12/01	500.00		ONLINE BANKING TRANSFER TO 0175 1000110767984
	12/01	57.77		CHECK CARD PURCHASE TR DATE 11/27
	12/02	4,000.00		SHELL OIL 57546172602 KINGSTON TN
	12/02	7.99		ONLINE BANKING TRANSFER TO 0175 1000110767984
				RECURRING CHECK CARD PURCHASE TR DATE 11/30
				VISTAPR*VISTAPRINT.COM 866-6148002 CA

338166

Member FDIC

Continued on next page

**COPY  
- #2  
ORIGINAL**

**Patriot Homecare**

**CN1506-023**

JUN 29 '15 4:10 PM  
Anne Sumpter Arney  
615.238-6360 Phone  
615.687.2764 Fax  
asarney@bonelaw.com

June 29, 2015

Mr. Phillip Earhart  
HSD Examiner  
Health Services and Development Agency  
Andrew Jackson Building, 9th Floor  
Nashville, Tennessee 37242

**Re: Certificate of Need Application CN1506-023  
Camm Care LLC d/b/a Patriot Homecare**

Dear Phillip:

The responses below are to reply to your letter dated June 25, 2015. This letter is being submitted in triplicate.

**1. Section B, Project Description, Item I**

It is noted the applicant currently provides personal care services in Roane, Meigs, Anderson, and Knox Counties. Please clarify why Morgan County is included in the proposed service area while the applicant does not currently have patients residing in that county.

**Response:** Morgan County is included in the Service Area because the Applicant is in the process of enrolling an EEOICPA patient in Morgan County for personal support services. In addition, the Applicant believes that there is a need for a home health agency dedicated to EEOICPA beneficiaries in Morgan County. According to the 2014 Joint Annual Reports, no EEOICPA home health agency is providing homemaker services in Morgan County.

The chart that identifies the other home health agencies in the service area that provides both homemaker and private duty services to EEOICPA patients is noted. However, the chart supplemental 1 column five incorrectly included "intermittent" along with the skilled nursing category. Please clarify the data provided in the 1<sup>st</sup> supplemental response for column five applied only to EEOICPA skilled nursing patients.

**Response:** The Data provided in the first supplemental response in column five of the chart applied only to EEOICPA skilled nursing patients.

Mr. Phillip Earhart  
June 29, 2015  
Page 2

JUN 29 15 AM 10:1

**2. Section C. Need, Item 1 (Specific Criteria: Home Health Services, Item 5 – Documentation of Referral Sources)**

Letters:

5 (a) The applicant shall provide letters of intent from physicians and other referral sources pertaining to patient referral.

*The letter of referral from Dr. Foote is noted. However, please provide a revised letter from Dr. Foote noting the number of referrals that will be made to the proposed agency in Year One and in Year Two of the proposed project. If possible, additional letters of intent from physicians and other referral sources would be helpful to justify Year One and Year Two patient volumes.*

**Response:** The Applicant has attempted to contact Dr. Foote to provide a revised letter. Because of Dr. Foote's office hours, the Applicant is unable to obtain a revised letter from Dr. Foote within the required time to respond; however, Dr. Foote has stated in his letter at Attachment C Need 1, that he will refer patients to Patriot. One fifth of the Applicant's current patients for personal support services were referred by Dr. Foote. The Applicant believes that it is likely that Dr. Foote will, as he has stated, refer home health patients to Patriot. In addition, as the Applicant has previously stated, services under EEOICPA are not typically the result of a physician referral. Many physicians are unfamiliar with the program. Most referrals for home health services to EEOICPA beneficiaries are by word of mouth among patients and their family members. The Applicant intends to raise awareness of the availability of EEOICPA benefits through Patriot's marketing and make both physicians and potential beneficiaries aware of EEOICPA and Patriot's status as a qualified provider.

5 (c) The applicant shall provide letters from potential patients or providers in the proposed service area that state they have attempted to find appropriate home health services but have not been able to secure such services.

*The letter from Dr. Foote is noted. However, the physician letter did not state attempts have been made to find appropriate home health services but they could not be secured. If possible, please revise and resubmit.*

**Response:** Summit Medical Group of Oak Ridge has cosigned the letter from the patient at Attachment C Need, in which the patient states that they have been unable to find adequate home health services. Summit Medical Group of Oak Ridge has concurred with the statement that the patient has been unable to find adequate home health services.

Mr. Phillip Earhart  
June 29, 2015  
Page 3

Other

5 (b) The applicant shall provide information indicating the types of cases physicians would refer to the proposed home health agency and the projected number of cases by service category to be provided in the initial year of operation.

*On page 7 of the supplemental response the applicant states the typical patient may suffer from respiratory conditions, cancer, or other consequential illness. Please indicate the types of cases and number of cases by service category in Year One.*

**Response:** The types of cases will depend on the services needed by the patient. The typical EEOICPA patient suffers from serious respiratory illness and in most cases require continuous monitoring of their respiratory status in order to identify and treat any changes that can become emergent. In addition, as a result of their debilitating respiratory issues, many EEOICPA patients will also need assistance with the tasks of daily living. The Applicant anticipates in year one, that its patients will be a combination of patients at various stages of disease progression. The Applicant is already providing homemaker/personal care services to 15 patients and anticipates providing these services as a home health agency. Therefore, The Applicant projects 30 patients in the first year with needs as follows: 5 patients needing both homemaker and skilled nursing services; 15 patients needing homemaker services; and 10 patients needing skilled nursing services.

5 (d) The applicant shall provide information concerning whether a proposed agency would provide services different from those services offered by existing agencies.

*The response is noted. However, please explain if the actual services the applicant proposes in the service area specific to home health services are different than those home health services already offered by existing EEOICPA home health providers.*

**Response:** The Applicant's proposed services will be different from other home health providers because the Applicant will offer a combination of both homemaker services and "private duty" type home health services specifically to EEOICPA beneficiaries. Many home health agencies in the Service Area are not EEOICPA providers, and many do not provide the type of home health which require longer and more frequent visits that is required of many EEOICPA beneficiaries. Of those home health agencies in the Service Area who are both EEOICPA qualified and provide this type of home health, the Applicant knows of only one that also provides homemaker services and none that provides homemaker services in Morgan County.

**3. Section C. Need, Item 1 (Specific Criteria: Home Health Services)- Item 6a and 6b**

Please address the following home health criterion:



Mr. Phillip Earhart  
June 29, 2015  
Page 4

A) The average cost per visit by service category shall be listed.

Your response is noted. Please complete the following chart:

Provider Type	Billing Code	Charge	Reimbursement
RN	T1001	\$153.20	\$153.20
HHA or CNA (8 hrs. Shift)	S9122	\$24.26	\$24.26
LPN (less than 8 hr. care)	S9124	\$88.31	\$88.31
RN (less than 8 hr. care)	S9123	\$107.06	\$107.06
HHA per diem (8 hr. shift)	S5126	\$140.22	\$140.22
LPN per diem (8 hr. shifts)	T1031	\$526.36	\$526.36
RN per diem (8 hr. Shift)	T1030	\$661.33	\$661.33
Case Mgmt. (billed in 15 minute increments)	T1017	\$17.45	\$17.45

B) The average cost per patient based upon the projected number of visits per patient shall be listed.

*Please provide the average cost per patient using information from the Projected Data Chart.*

**Response:** Based on the Projected Data Chart, the average cost per patient in Year One would be approximately \$71,797.23 and \$67,963.57. Since each case is different and EEOICPA reimburses based on hours rather than visits, it is impossible to project the number of visits with any accuracy. Some patients will require 24 hour care and others will require much less but frequent visits. However, if the average number of patient visits is 3 per week than in year one, the projected cost per visit would be \$460.25 and in year two, \$436.66.

#### 4. Section C. Economic Feasibility Item 4. (Projected Data Chart)

If approved, it is noted in less than 2 years the applicant plans to employ 116 employees at a payroll expense of \$3.8 million. Please clarify how the applicant plans to meet payroll while ramping up in Year Two.

**Response:** The Applicant will hire staff as the number of its patients increases. The Applicant currently employees 19 individuals and has enough in reserve to add an administrator, a director of nursing and will increase staff and payroll as it serves more home health patients and therefore its level of reimbursement increases. EEOICPA pays on a weekly basis and each week the Applicant will be able to add to its reserves in order to grow staff and serve more patients.

Mr. Phillip Earhart

June 29, 2015

Page 5

Please clarify how Anderson and Morgan Counties has the available pool of qualified home health clinicians for the applicant to employ 116 FTE's in Year Two of the proposed project.

Response: Anderson and Morgan Counties will be serviced by health clinicians from the entire Service Area. Patients will be served by staff that is the most appropriate by skill and logistics which may be residents of another county.

The following completed chart for Other Expenses is noted. However, the chart totals \$9,000, not \$10,000. Please revise.

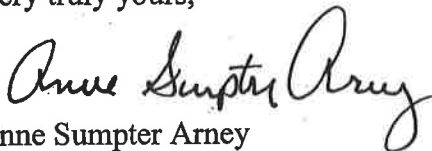
**Response:**

**PROJECTED DATA CHART-OTHER EXPENSES**

<u>OTHER EXPENSES CATEGORIES</u>	<b>Year One</b>	<b>Year Two</b>
1. Utilities and Telephone	\$ 3,000	\$ 3,000
2. Insurance	\$ 2,000	\$ 2,000
3. Professional fees	\$2,500	\$ 2,500
4. Contingency Fund	\$2,500	\$ 2,500
5.	_____	_____
6.	_____	_____
7.	_____	_____
<b>Total Other Expenses</b>	<b>\$10,000</b>	<b>\$10,000</b>

Please let me know if you have any further questions for the Applicant in order to deem this Application complete.

Very truly yours,

  
Anne Sumpter Arney

ASA/kh  
Enclosures

JUN 29 '15 4:10:11

AFFIDAVIT

SUPPLEMENTAL

STATE OF TENNESSEE

COUNTY OF DavidsonNAME OF FACILITY: Cannon Care LLC dba Patriot Homecare

I, Anne Sumpter Army after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete.

Anne Sumpter Army  
Signature/Title

Sworn to and subscribed before me, a Notary Public, this the 29<sup>th</sup> day of June, 2015,  
witness my hand at office in the County of Davidson, State of Tennessee.

Kristie Putman  
NOTARY PUBLIC

My commission expires May 3, 2016.

HF-0043

Revised 7/02



**OPPOSITION LETTER(S)**

**CAMM Care LLC. d/b/a Patriot Homecare**

**CN1506-023**



SEP 4 15 AM 9:37

September 1, 2015

Ms. Melanie Hill, Executive Director  
Health Services and Development Agency  
Andrew Jackson Building, 9th Floor  
502 Deaderick Street  
Nashville, TN 37243

RE: CAMM Care, LLC. CN1506-023 **OPPOSITION LETTER**

Dear Ms. Hill:

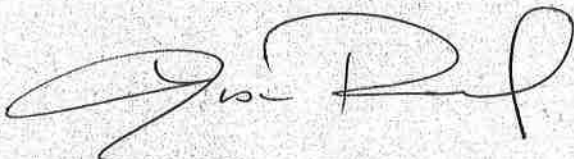
We are aware of the intent of CAMM Care, LLC. d/b/a Patriot Homecare to establish a new Home Health Care service organization to provide home health services restricted to the care of patients in Anderson, Knox, Meigs, Morgan, and Roane counties to beneficiaries of the United States Department of Labor, Division of Energy Employees Occupation Illness Compensation Program (EEOICP). **NHC has serious concerns regarding numerous aspects of the referenced CON application including but not limited to the lack of a demonstrated need in the applicants service area for such services, that approval of said application would duplicate existing similar services already approved by HSDA specifically for EEOICP patients, and that the project would adversely impact the existing home health care delivery system. Therefore, I am writing this letter in opposition to the referenced project pursuant to T.C.A., Section 68-11-1609(g) (1).**

It should be noted that the applicant's service area, under the "new established home care criteria", shows a surplus of (5,426) patients for 2019. Specifically, for EEOICP patients in the five county service area, there are eight (8) home health agencies enrolled in the EEOICP program.

In summary, I am opposed to this CON and ask that it not be approved. There are many unanswered questions regarding this application and more than adequate existing providers delivering high quality home health services and EEOICP services to populations of all race and payment source. If you need any additional information please do not hesitate to call me.

Sincerely,

**NHC/OP, L.P. d/b/a NHC HomeCare Knoxville**



**Lisa Reed, RN**  
Vice President/HomeCare

Cc: Ms. Anne Sumpter Arney  
Bone McAllester Norton PLLC  
511 Union Street, Suite 1600  
Nashville, TN 37219



**ANDERSON & BAKER**

*An Association of Attorneys*

2021 RICHARD JONES ROAD, SUITE 120  
NASHVILLE, TENNESSEE 37215-2874

ROBERT A. ANDERSON

Direct: 615-383-3332

Facsimile: 615-383-3480

E. GRAHAM BAKER, JR.

Direct: 615-370-3380

Facsimile: 615-221-0080

September 03, 2015

Ms. Melanie Hill, Executive Director  
HEALTH SERVICES AND DEVELOPMENT AGENCY  
Andrew Jackson Building, 9th Floor  
502 Deaderick Street  
Nashville, TN 37243

Re: Opposition Letter: CAMM Care LLC, d/b/a Patriot Homecare, CN1506-023

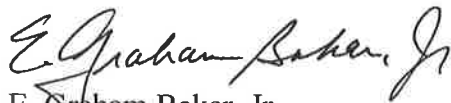
Dear Ms. Hill:

I represent Quality Home Health and Quality Private Duty Care, and on their behalf file this letter of opposition to the Certificate of Need Application filed by CAMM Care LLC, d/b/a Patriot Homecare, CN1506-023. This application is currently scheduled to be heard at your September meeting.

My clients provide similar services in the proposed service area for this project. There is no need for this application to be approved, it is not economically feasible, and it will not contribute to the orderly development of health care in the area.

Representatives of my clients and I will be in attendance at the September meeting to more fully explain our opposition to this project.

Sincerely,



E. Graham Baker, Jr.

/np

c: Quality Home Health  
Quality Private Duty Care  
Anne Arney, Esq. (permitted via email)







Waller Lansden Dortch & Davis, LLP  
511 Union Street, Suite 2700  
P.O. Box 198966  
Nashville, TN 37219-8966

615.244.6380 main  
615.244.6804 fax  
wallerlaw.com

Kim Harvey Looney  
615.850.8722 direct  
kim.looney@wallerlaw.com

September 3, 2015

**VIA HAND DELIVERY**

Melanie Hill  
Health Services and Development Agency  
Andrew Jackson Building  
9<sup>th</sup> Floor  
502 Deaderick Street  
Nashville, TN

Re: CAMM Care LLC dba Patriot Homecare, LLC CN1506-023

Dear Melanie:

This is to provide official notice that our client, Elk Valley Health Services, wishes to oppose the application of CAMM Care LLC dba Patriot Homecare, LLC to establish a home health agency licensed in Anderson and Morgan counties restricted to home health services to patients who are beneficiaries of the United States Department of Labor, Division of Energy Employees Occupation Illness Compensation Program ("EEOICP"). This application will be heard at the September meeting. Elk Valley Health Services provides home health services in every county requested.

Elk Valley Health Services respectfully requests that the HSDA deny this request. If you have any questions, please call me at 615-850-8722 or email me at kim.looney@wallerlaw.com.

Sincerely,

Kim Harvey Looney

KHL:lag

cc: Michael Freeman (LHC Group)  
Anne Sumpter Arney, Esq.





Waller Lansden Dortch & Davis, LLP  
511 Union Street, Suite 2700  
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September 3, 2015

**VIA HAND DELIVERY**

Melanie Hill  
Health Services and Development Agency  
Andrew Jackson Building  
9<sup>th</sup> Floor  
502 Deaderick Street  
Nashville, TN

Re: CAMM Care LLC dba Patriot Homecare, LLC CN1506-023

Dear Melanie:

This is to provide official notice that our client, LHC Homecare of Tennessee dba Home Care Solutions, wishes to oppose the application of CAMM Care LLC dba Patriot Homecare, LLC to establish a home health agency licensed in Anderson, Knox, Meigs, Morgan and Roane counties restricted to home health services to patients who are beneficiaries of the United States Department of Labor, Division of Energy Employees Occupation Illness Compensation Program ("EEOICP"). This application will be heard at the September meeting. Home Care Solutions provides home health services in every county requested.

Home Care Solutions respectfully requests that the HSDA deny this request. If you have any questions, please call me at 615-850-8722 or email me at kim.looney@wallerlaw.com.

Sincerely,

Kim Harvey Looney

KHL:lag

cc: Michael Freeman (LHC Group)  
Anne Sumpter Arney, Esq.





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Kim Harvey Looney  
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September 3, 2015

**VIA HAND DELIVERY**

Melanie Hill  
Health Services and Development Agency  
Andrew Jackson Building  
9<sup>th</sup> Floor  
502 Deaderick Street  
Nashville, TN

Re: CAMM Care LLC dba Patriot Healthcare CN1506-023

Dear Melanie:

This is to provide official notice that our client, Gentiva Health Services on behalf of The Home Option by Harden Healthcare, wishes to oppose the application of Patriot Homecare, LLC to establish a home health agency licensed in Anderson and Morgan counties restricted to home health services for patients who are beneficiaries of the United States Department of Labor, Division of Energy Employees Occupation Illness Compensation Program ("EEOICP"). This application will be heard at the September meeting. The Home Option by Harden Healthcare provides these services in all of these counties with the exception of Meigs.

Gentiva Health Services respectfully requests that the HSDA deny this request. If you have any questions, please call me at 615-850-8722 or email me at kim.looney@wallerlaw.com.

Sincerely,

Kim Harvey Looney

KHL:lag

cc: Shannon Drake, Esq. (Gentiva Health Services)  
Anne Sumpter Arney, Esq.





Waller Lansden Dortch & Davis, LLP  
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September 3, 2015

**VIA HAND DELIVERY**

Melanie Hill  
Health Services and Development Agency  
Andrew Jackson Building  
9<sup>th</sup> Floor  
502 Deaderick Street  
Nashville, TN

Re: CAMM Care LLC dba Patriot Homecare CN1506-023

Dear Melanie:

This is to provide official notice that our client, Professional Case Management of Tennessee, wishes to oppose the application of CAMM Care LLC dba Patriot Homecare to establish a home health agency licensed in Anderson, Knox, Meigs, Morgan and Roane counties restricted to home health services for patients who are beneficiaries of the United States Department of Labor, Division of Energy Employees Occupation Illness Compensation Program ("EEOICP"). This application will be heard at the September meeting. Professional Case Management of Tennessee provides these services in all of these counties with the exception of Meigs. Representatives for Professional Case Management will be at the hearing.

Professional Case Management of Tennessee respectfully requests that the HSDA deny this request. If you have any questions, please call me at 615-850-8722 or email me at kim.looney@wallerlaw.com.

Sincerely, -

Kim Harvey Looney

KHL:lag

cc: Greg Austin (Professional Case Management)  
Anne Sumpter Arney, Esq.







**State of Tennessee**  
**Health Services and Development Agency**

Andrew Jackson Building, 9<sup>th</sup> Floor  
 502 Deaderick Street  
 Nashville, TN 37243

[www.tn.gov/hsda](http://www.tn.gov/hsda) Phone: 615-741-2364 Fax: 615-741-9884

**LETTER OF INTENT**

The Publication of Intent is to be published in the Knoxville News Sentinel and The Daily Post Athenian which is a newspaper of general circulation in Anderson, Knox, Morgan, Roane and Meigs (Name of Newspaper), Tennessee, on or before June 5, 20 15, (County) (Month / day) (Year) for one day.

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that:

CAMM Care LLC dba Patriot Homecare (Name of Applicant) N/A (Facility Type-Existing)

owned by: Caleb Mullins with an ownership type of limited liability company

and to be managed by: self-managed intends to file an application for a Certificate of Need

for [PROJECT DESCRIPTION BEGINS HERE]: to be licensed to provide home health services in Anderson, Knox, Meigs, Morgan and Roane counties,  
 at a project cost estimated to be \$38,080. The Applicant's principal office will be located at 514 Devonia Street, Harriman, Roane County, Tennessee 37748.

At this time, the Applicant holds a license from the State of Tennessee Department of Mental Health and Substance Abuse Services to operate a personal support services agency and will seek to be licensed as a home health agency by the Board for Licensing Health Care Facilities.

The anticipated date of filing the application is: June 10, 20 15

The contact person for this project is Anne Sumpter Arney (Contact Name) Attorney (Title)

who may be reached at: Bone McAllester Norton, PLLC (Company Name) 511 Union Street, Suite 1600 (Address)  
Nashville (City) Tennessee (State) 37219 (Zip Code) 615 / 238-6300 (Area Code / Phone Number)

Anne Sumpter Arney (Signature) 6/8/2015 (Date) asarney@bonelaw.com (E-mail Address)

The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

**Health Services and Development Agency**  
**Andrew Jackson Building, 9<sup>th</sup> Floor**  
**502 Deaderick Street**  
**Nashville, Tennessee 37243**

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.



**State of Tennessee  
Health Services and Development Agency**

Andrew Jackson Building, 9<sup>th</sup> Floor  
502 Deaderick Street  
Nashville, TN 37243

[www.tn.gov/hsda](http://www.tn.gov/hsda) Phone: 615-741-2364 Fax: 615-741-9884

**PUBLICATION OF INTENT**

The following shall be published in the "Legal Notices" section of the newspaper in a space no smaller than two (2) columns by two (2) inches.

**NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED**

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that:

CAMM Care LLC dba Patriot Homecare N/A  
(Name of Applicant) (Facility Type-Existing)

owned by: Caleb Mullins with an ownership type of limited liability company

and to be managed by: self-managed intends to file an application for a Certificate of Need

for [PROJECT DESCRIPTION BEGINS HERE]: to be licensed to provide home health services in Anderson, Knox, Meigs, Morgan and Roane counties, at a project cost estimated to be \$38,080. The Applicant's principal office will be located at 514 Devonia Street, Harriman, Roane County,

Tennessee 37748. The Applicant holds a license from the State of Tennessee Department of Mental Health and Substance Abuse Services to operate a personal support services agency and will seek to be licensed as a home health agency by the Board for Licensing Health Care Facilities.

The anticipated date of filing the application is: June 10, 2015

The contact person for this project is Anne Sumpter Arney Attorney  
(Contact Name) (Title)

who may be reached at: Bone McAllester Norton, PLLC 511 Union Street, Suite 1600  
(Company Name) (Address)  
Nashville Tennessee 37219 615 / 238-6300  
(City) (State) (Zip Code) (Area Code / Phone Number)

**Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:**

**Health Services and Development Agency  
Andrew Jackson Building, 9<sup>th</sup> Floor  
502 Deaderick Street  
Nashville, Tennessee 37243**

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

## **NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED**

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that CAMM Care LLC dba Patriot Homecare (“Applicant”) owned and managed by CAMM Care LLC dba Patriot Homecare with Caleb Mullins as sole member and with an ownership type of Limited Liability Company and to be self-managed intends to file an application for a Certificate of Need to be licensed to provide home health services in Anderson, Knox, Meigs, Morgan, and Roane counties, at a project cost estimated to be \$38,080.00. The Applicant’s principal office will be located at 514 Devonia Street, Harriman, Roane County, Tennessee 37748.

The Applicant holds a license from the State of Tennessee Department of Mental Health and Substance Abuse Services to operate a personal support services agency and will seek to be licensed as a home health agency by the Board for Licensing Health Care Facilities.

The anticipated date of filing the application is on or before June 10, 2015. The Applicant’s contact person for this project is Anne Sumpter Arney, Attorney, who may be reached at Bone McAllester Norton PLLC, 511 Union Street, Suite 1600, Nashville, Tennessee 37219; (615) 238-6300.

**Upon written request by interested parties, a local fact-finding public hearing shall be conducted. Written requests should be sent to:**

**Health Services and Development Agency  
Andrew Jackson Building, 9<sup>th</sup> Floor  
502 Deaderick Street  
Nashville, Tennessee 37243**

**Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled. Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.**

September 3, 2015

**VIA HAND DELIVERY**

Melanie Hill  
Health Services and Development Agency  
Andrew Jackson Building  
9<sup>th</sup> Floor  
502 Deaderick Street  
Nashville, TN

Re: CAMM Care LLC dba Patriot Homecare, LLC CN1506-023

Dear Melanie:

This is to provide official notice that our client, Elk Valley Health Services, wishes to oppose the application of CAMM Care LLC dba Patriot Homecare, LLC to establish a home health agency licensed in Anderson and Morgan counties restricted to home health services to patients who are beneficiaries of the United States Department of Labor, Division of Energy Employees Occupation Illness Compensation Program ("EEOICP"). This application will be heard at the September meeting. Elk Valley Health Services provides home health services in every county requested.

Elk Valley Health Services respectfully requests that the HSDA deny this request. If you have any questions, please call me at 615-850-8722 or email me at kim.looney@wallerlaw.com.

Sincerely,



Kim Harvey Looney

KHL:lag

cc: Michael Freeman (LHC Group)  
Anne Sumpter Arney, Esq.

September 3, 2015

**VIA HAND DELIVERY**

Melanie Hill  
Health Services and Development Agency  
Andrew Jackson Building  
9<sup>th</sup> Floor  
502 Deaderick Street  
Nashville, TN

Re: CAMM Care LLC dba Patriot Healthcare CN1506-023

Dear Melanie:

This is to provide official notice that our client, Gentiva Health Services on behalf of The Home Option by Harden Healthcare, wishes to oppose the application of Patriot Homecare, LLC to establish a home health agency licensed in Anderson and Morgan counties restricted to home health services for patients who are beneficiaries of the United States Department of Labor, Division of Energy Employees Occupation Illness Compensation Program ("EEOICP"). This application will be heard at the September meeting. The Home Option by Harden Healthcare provides these services in all of these counties with the exception of Meigs.

Gentiva Health Services respectfully requests that the HSDA deny this request. If you have any questions, please call me at 615-850-8722 or email me at kim.looney@wallerlaw.com.

Sincerely,



Kim Harvey Looney

KHL:lag

cc: Shannon Drake, Esq. (Gentiva Health Services)  
Anne Sumpter Arney, Esq.

September 3, 2015

**VIA HAND DELIVERY**

Melanie Hill  
Health Services and Development Agency  
Andrew Jackson Building  
9<sup>th</sup> Floor  
502 Deaderick Street  
Nashville, TN

Re: CAMM Care LLC dba Patriot Homecare, LLC CN1506-023

Dear Melanie:

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Home Care Solutions respectfully requests that the HSDA deny this request. If you have any questions, please call me at 615-850-8722 or email me at kim.looney@wallerlaw.com.

Sincerely,



Kim Harvey Looney

KHL:lag

cc: Michael Freeman (LHC Group)  
Anne Sumpter Arney, Esq.

September 1, 2015

Ms. Melanie Hill, Executive Director  
Health Services and Development Agency  
Andrew Jackson Building, 9th Floor  
502 Deaderick Street  
Nashville, TN 37243

RE: CAMM Care, LLC. CN1506-023 **OPPOSITION LETTER**

Dear Ms. Hill:

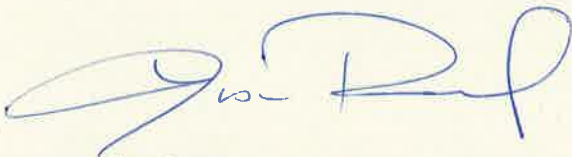
We are aware of the intent of CAMM Care, LLC. d/b/a Patriot Homecare to establish a new Home Health Care service organization to provide home health services restricted to the care of patients in Anderson, Knox, Meigs, Morgan, and Roane counties to beneficiaries of the United States Department of Labor, Division of Energy Employees Occupation Illness Compensation Program (EEOICP). **NHC has serious concerns regarding numerous aspects of the referenced CON application including but not limited to the lack of a demonstrated need in the applicants service area for such services, that approval of said application would duplicate existing similar services already approved by HSDA specifically for EEOICP patients, and that the project would adversely impact the existing home health care delivery system. Therefore, I am writing this letter in opposition to the referenced project pursuant to T.C.A., Section 68-11-1609(g) (1).**

It should be noted that the applicant's service area, under the "new established home care criteria", shows a surplus of (5,426) patients for 2019. Specifically, for EEOICP patients in the five county service area, there are eight (8) home health agencies enrolled in the EEOICP program.

In summary, I am opposed to this CON and ask that it not be approved. There are many unanswered questions regarding this application and more than adequate existing providers delivering high quality home health services and EEOICP services to populations of all race and payment source. If you need any additional information please do not hesitate to call me.

Sincerely,

**NHC/OP, L.P. d/b/a NHC HomeCare Knoxville**



**Lisa Reed, RN**  
Vice President/HomeCare

Cc: Ms. Anne Sumpter Arney  
Bone McAllester Norton PLLC  
511 Union Street, Suite 1600  
Nashville, TN 37219



September 3, 2015

**VIA HAND DELIVERY**

Melanie Hill  
Health Services and Development Agency  
Andrew Jackson Building  
9<sup>th</sup> Floor  
502 Deaderick Street  
Nashville, TN

Re: CAMM Care LLC dba Patriot Homecare CN1506-023

Dear Melanie:

This is to provide official notice that our client, Professional Case Management of Tennessee, wishes to oppose the application of CAMM Care LLC dba Patriot Homecare to establish a home health agency licensed in Anderson, Knox, Meigs, Morgan and Roane counties restricted to home health services for patients who are beneficiaries of the United States Department of Labor, Division of Energy Employees Occupation Illness Compensation Program ("EEOICP"). This application will be heard at the September meeting. Professional Case Management of Tennessee provides these services in all of these counties with the exception of Meigs. Representatives for Professional Case Management will be at the hearing.

Professional Case Management of Tennessee respectfully requests that the HSDA deny this request. If you have any questions, please call me at 615-850-8722 or email me at kim.looney@wallerlaw.com.

Sincerely, 

Kim Harvey Looney

KHL:lag

cc: Greg Austin (Professional Case Management)  
Anne Sumpter Arney, Esq.

**ANDERSON & BAKER**

*An Association of Attorneys*

**2021 RICHARD JONES ROAD, SUITE 120  
NASHVILLE, TENNESSEE 37215-2874**

E. GRAHAM BAKER, JR.  
Direct: 615-370-3380  
Facsimile: 615-221-0080

ROBERT A. ANDERSON  
Direct: 615-383-3332  
Facsimile: 615-383-3480

September 03, 2015

Ms. Melanie Hill, Executive Director  
HEALTH SERVICES AND DEVELOPMENT AGENCY  
Andrew Jackson Building, 9th Floor  
502 Deaderick Street  
Nashville, TN 37243

Re: Opposition Letter: CAMM Care LLC, d/b/a Patriot Homecare, CN1506-023

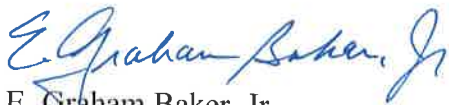
Dear Ms. Hill:

I represent Quality Home Health and Quality Private Duty Care, and on their behalf file this letter of opposition to the Certificate of Need Application filed by CAMM Care LLC, d/b/a Patriot Homecare, CN1506-023. This application is currently scheduled to be heard at your September meeting.

My clients provide similar services in the proposed service area for this project. There is no need for this application to be approved, it is not economically feasible, and it will not contribute to the orderly development of health care in the area.

Representatives of my clients and I will be in attendance at the September meeting to more fully explain our opposition to this project.

Sincerely,



E. Graham Baker, Jr.

/np

c: Quality Home Health  
Quality Private Duty Care  
Anne Arney, Esq. (permitted via email)

**CERTIFICATE OF NEED  
REVIEWED BY THE DEPARTMENT OF HEALTH  
DIVISION OF POLICY, PLANNING AND ASSESSMENT  
615-741-1954**

**DATE:** August 31, 2015

**APPLICANT:** CAMM Care, LLC d/b/a Patriot Homecare  
514 Devonia Street  
Harriman, Tennessee 37748-2115  
  
CN1506-023

**CONTACT PERSON:** Ann S. Arney, Esquire  
Bone McAllester Norton PLLC  
511 Union Street, Suite 1600  
Nashville, Tennessee 37219

**COST:** \$41,080

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In accordance with Section 68-11-1608(a) of the Tennessee Health Services and Planning Act of 2002, the Tennessee Department of Health, Division of Policy, Planning, and Assessment, reviewed this certificate of need application for financial impact, TennCare participation, compliance with *Tennessee's State Health Plan*, and verified certain data. Additional clarification or comment relative to the application is provided, as applicable, under the heading "Note to Agency Members."

**SUMMARY:**

The applicant, CAMM Care, LLC d/b/a Patriot Homecare, located at 514 Devonia Street, Harriman (Roane County), Tennessee 37748-2115, seeks Certificate of Need (CON) approval for the initiation of a Home Health Agency to provide only private duty type care to beneficiaries of the Energy, Employees Occupational Illness Compensation Program Act (EEOICP). The EEOICP was established by the United States Congress to provide compensation and medical benefits. These workers were often referred to as the "Cold War Patriots", including workers in nuclear weapons production and testing programs, uranium miners, millers, and ore transporters. Many of these Cold War Patriots suffer from higher incidences of Beryllium disease, Silicosis, various cancers, and other diseases related to exposure to uranium and other substances, than the general population. Patriot is currently licensed by the Tennessee Department of Mental Health to provide personal support services and is an authorized EEOICP provider. No medical equipment is involved in this project.

The service area includes Anderson, Knox, Meigs, Morgan, and Roane counties. Patriot seeks to provide home health services including skilled nursing, homemaker, and personal support services. The applicant states they do not intend to provide intermittent episodic care.

CAMM Care, LLC is 100% owned by Caleb Mullins.

Patriot Homecare's total project cost is \$41,080 and will be funded through cash reserves of the applicant. A letter from SunTrust Bank is included in Attachment C. Economic Feasibility 2.

**GENERAL CRITERIA FOR CERTIFICATE OF NEED**

The applicant responded to all of the general criteria for Certificate of Need as set forth in the document *Tennessee's State Health Plan*.

**NEED:**

The applicant's service area includes Anderson, Knox, Meigs, Morgan, and Roane counties. The following chart illustrates the 2015 and 2019 population projects for these counties.

**Service Area Total Population 2015 and 2019**

<b>County</b>	<b>2015 Population</b>	<b>2019 Population</b>	<b>% of Increase/ (Decrease)</b>
Anderson	77,285	78,731	1.9%
Knox	460,612	483,425	5.0%
Meigs	12,151	12,408	2.1%
Morgan	23,168	24,071	3.9%
Roane	55,411	56,152	1.3%
<b>Total</b>	<b>628,627</b>	<b>654,787</b>	<b>4.2%</b>

*Tennessee Population Projections 2000-2020, June 2015 UTCBER Revision,  
Tennessee Department of Health, Division of Policy, Planning, and Assessment*

The applicant states there is a need in the service area for an agency dedicated to providing private duty type services to EEOIPC beneficiaries. The Department of Energy (DOE) has eight active work sites in Oak Ridge, Tennessee

Currently, the applicant is providing personal support services to 15 EEOICP beneficiaries under a license from the Department of Mental Health. EEOICP does not distinguish among the types of care provided in the home setting. Patriot reports some of these patients have requested that they also provide the skilled nursing care they need. In order to do so, the applicant must receive CON approval and be licensed by the Tennessee Department of Health as a home health agency. The beneficiaries would like all their services provided by one EEOICP provider. Patriot Homecare wants to meet the needs of current clients and to expand its services to provide private duty type services. The applicant does not intend to provide intermittent care. EEOICP beneficiaries are provided services such as 24-hour a day care at home and personal care provided by a home health aide that most insurers will not pay for. This type of service is needed because this population of patients is generally seriously ill and their illnesses are progressive. Services provided by Patriot would range from simple weekly visits to comprehensive 24-hour a day, seven days a week in home care. These services allow the EEOICP beneficiary to stay in their homes.

According to the applicant, the Department of Labor web site on May 25, 2015 stated there were 14,215 EEOICP beneficiaries in Tennessee. In addition, all of the DOE sites are still in operation in Oak Ridge which will more than likely increase the number of beneficiaries. Most all of the EEOICP beneficiaries that Patriot wants to serve are former employees of these sites and still live in the area of Tennessee near Oak Ridge. Patriot believes that the counties near these sites and in their designated service area have a greater need than calculated by the Guidelines for Growth.

The Department of Health licenses the following Home Health Agencies who are also EEOICP contractors for home health services listed on the Department of Labor's website in the five-county service area: Four of these agencies have offices in Oak Ridge.

<b>Agency</b>	<b>Anderson</b>	<b>Knox</b>	<b>Meigs</b>	<b>Morgan</b>	<b>Roane</b>
Amedisys	*	*		*	*
Camellia Home Health	*	*		*	*
The Home Option	*			*	*
Clinch River Home Health	*	*		*	*
Gentiva Health Services	*	*		*	*
Professional Case Management	*	*		*	*
Covenant	*	*		*	*
Sunbelt Homecare	*	*		*	*

U.S. Department of Labor and Tennessee Department of Health

The following chart illustrates the projected Need/ (Surplus) of home health patients and need in the applicant's service area for 2019.

**Home Health Patients and Need in Service Area**

County	# of Agencies Licensed	# of Agencies Serving	2014 Population	2014 Patients Served	2019 Population	Projected Capacity	Projected Need	Need or (Surplus) for 2019
Anderson	20	20	76,881	2,618	78,731	2,681	1,181	(1,500)
Knox	22	23	454,895	8,802	483,425	9,354	7,251	(2,103)
Meigs	21	20	12,408	360	12,408	370	186	(184)
Morgan	19	18	22,934	561	24,071	589	361	(228)
Roane	22	22	55,194	2,215	56,152	2,253	842	(1,411)
					<b>654,787</b>	<b>15,247</b>	<b>9,821</b>	<b>(5,426)</b>

Source: *Tennessee Population Projections 2000-2020, February 2015 Revision*, Tennessee Department of Health, Division of Health Statistics and the *Joint Annual Report of Home Health Agencies, 2014*\*\*

- \*\*Most recent Year of Joint Annual Report data for Home Health Agencies.

The Department of Health, Division of Policy, Planning, and Assessment calculated the Home Health Need for the service area to be (5,426).

Patriot intends to provide services to 30 patients in year one and 60 patients in year two with a projected net operating income of \$2,102,907 and \$4,435,834, respectively.

#### **TENNCARE/MEDICARE ACCESS:**

Patriot Homecare will not participated in the Medicare and Medicaid programs. The applicant's services will be paid for by EEOIPCA.

#### **ECONOMIC FACTORS/FINANCIAL FEASIBILITY:**

The Department of Health, Division of Policy, Planning, and Assessment have reviewed the Project Costs Chart, the Historical Data Chart, and the Projected Data Chart to determine if they are mathematically accurate and if the projections are based on the applicant's anticipated level of utilization. The location of these charts may be found in the following specific locations in the Certificate of Need Application or the Supplemental material:

**Project Costs Chart:** The Project Costs Chart is located on page 15 of Supplemental 1. The total projected cost is \$41,080.

**Historical Data Chart:** The Historical Data Chart is not applicable. This is a new proposed Home Health Agency.

**Projected Data Chart:** The Projected Data Chart is located on page 23 of the application. The applicant projects 30 and 60 patients in years one and two, with net operating revenues of \$2,102,907 and \$4,435,834 respectively. Patriot provided their average cost by service category below.

Provider Type	Charge	Reimbursement
RN	\$153.20	\$153.20
HHA or CNA	\$24.26	\$24.26
LPN less than 8 hr.	\$88.31	\$88.31
RN less than 8 hr.	\$107.06	\$107.06
HHA per diem 8hr	\$140.22	\$140.22
LPN per diem	\$526.36	\$526.36
RN per diem	\$661.33	\$661.33
Case management 15 min.	\$17.45	\$17.45

The Applicant considered continuing to provide only personal support service and to assist patients who need private duty care in finding a home health agency to receive services. However, this would require clients to deal with two separate agencies or seek services in a long term care facility.

## **CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTHCARE:**

The applicant is a contracted provider under EEOICP. Patriot intends to enter into working relationships with other providers in their service area including hospitals, hospice organizations, and physicians in order to provide quality care to their patients.

Patriot states there will be no negative effects on current providers or on the healthcare system. The combination of personal care/homemaker and private duty service from one agency instead of two separate agencies will be beneficial to patients and their families. The applicant knows of just one agency that provides both services. According to the United States Department of Labor, there are 14,242 new approved EEOICP beneficiaries/cases in Tennessee as of June 14, 2015. According to the applicant, 27 new cases were identified in just three weeks from May 25th through June 14th, 2015.

The applicant's staffing for year one and two is projected in Supplemental 1. Patriot intends to employ 61 employees in year one and 116 in year two, with a year two anticipate payroll of 3.8 million dollars.

Patriot hopes to work with Technical College of Applied Sciences in Harriman in their nurse training program.

Patriot will seek licensure from the Tennessee Department of Health, Board for Licensing Healthcare Facilities.

## **SPECIFIC CRITERIA FOR CERTIFICATE OF NEED**

The applicant responded to all relevant specific criteria for Certificate of Need as set forth in the document *Tennessee's State Health Plan*.

## **HOME HEALTH SERVICES**

1. The need for home health agencies/services shall be determined on a county by county basis.

*The applicant intends to serve the long term health care needs of individuals who have been approved by the Department of Energy (DOE) to receive EEOICP benefits. The counties in the service area are all either locations of DOE worksites or are adjacent counties. The applicant seeks to serve the limited population of EEOICP beneficiaries who require private duty type of services together with personal support services they are already providing.*

*Patriot does not believe this question is applicable since the services which they wish to provide are not intended for the general population. Rather, the proposed services would be limited to those individuals who are eligible for in-home health care under EEOICP. As a result the application of the need formula cannot provide an estimate of the need for the in-home care services with regard to the potential patient population.*

2. In a given county, 1.5 percent of the total population will be considered as the need estimate for home health services in that county.

The 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed service area.

*Patriot does not believe this question is applicable since the services which they wish to provide are not intended for the general population. Rather, the proposed services would be limited to those individuals who are eligible for in-home health care under EEOICP. As a result the application of the need formula cannot provide an estimate of the need for the in-home care services with regard to the potential patient population.*

4. The use rate of existing home health agencies in the county will be determined by examining the latest utilization rate as calculated in the Joint Annual Report of existing home health agencies in the service area.

Based on the number of patients served by home health agencies in the service area, an estimation will be made as to how many patients could be served in the future.

*The Department of Health, Division of Policy, Planning, and Assessment used the above to calculate the need for Home Health Services.*

The following chart illustrates the projected Need/(Surplus) of home health patients and need in the applicant's service area for 2019.

**Home Health Patients and Need in Service Area**

County	# of Agencies Licensed	# of Agencies Serving	2014 Population	2014 Patients Served	2019 Population	Projected Capacity	Projected Need	Need or (Surplus) for 2019
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Source: *Tennessee Population Projections 2000-2020, February 2015 Revision*, Tennessee Department of Health, Division of Health Statistics and the *Joint Annual Report of Home Health Agencies, 2014*\*\*

- \*\*Most recent Year of Joint Annual Report data for Home Health Agencies.

The Department of Health, Division of Policy, Planning, and Assessment calculated the Home Health Need for the service area to be (5,426).

5. Documentation from referral sources:
  - a. The applicant shall provide letters of intent from physicians and other referral sources pertaining to patient referral.
 

*The applicant provides a letter from Dr. Clary Foote in Supplemental 1.*
  - b. The applicant shall provide information indicating the types of cases physicians would refer to the proposed home health agency and the projected number of cases by service category to be provided in the initial year of operation.
 

*The applicant provides a letter from Dr. Clary Foote in Supplemental 1. Attachment Need 5.*
  - c. The applicant shall provide letters from potential patients or providers in the proposed service area that state they have attempted to find appropriate home health services but have not been able to secure such services.
 

*The applicant provides a letter from Dr. Clary Foote and two letters from patients.*
  - d. The applicant shall provide information concerning whether a proposed agency would provide services different from those services offered by existing agencies.
 

*The applicant will be provided referred patients who are EEOIPCA beneficiaries. Once a beneficiary is authorized to receive EEOIPC benefits, they contact a qualified provider for services they are authorized to receive. Patriot will work with the physician who provides services to the EEOIPCA beneficiary.*

6. The proposed charges shall be reasonable in comparison with those of other similar facilities in the service area or in adjoining service areas.
  - a. The average cost per visit by service category shall be listed.

*EEOICPA does not reimburse the cost of care on a per visit basis but on an hourly basis. The applicant is unable to provide an aver*

*The applicant completed the following chart at the request of HSDA.*

<b>Provider Type</b>	<b>Charge</b>	<b>Reimbursement</b>
<i>RN</i>	<i>\$153.20</i>	<i>\$153.20</i>
<i>HHA or CNA</i>	<i>\$24.26</i>	<i>\$24.26</i>
<i>LPN less than 8 hr.</i>	<i>\$88.31</i>	<i>\$88.31</i>
<i>RN less than 8 hr.</i>	<i>\$107.06</i>	<i>\$107.06</i>
<i>HHA per diem 8hr</i>	<i>\$140.22</i>	<i>\$140.22</i>
<i>LPN per diem</i>	<i>\$526.36</i>	<i>\$526.36</i>
<i>RN per diem</i>	<i>\$661.33</i>	<i>\$661.33</i>
<i>Case management 15 min.</i>	<i>\$17.45</i>	<i>\$17.45</i>

- b. The average cost per patient based upon the projected number of visits per patient shall be listed.

*Based on the Projected Data Chart, the applicant's average cost per patient in year one would be approximately \$71,797.23 and \$67,963.57. EEOICPA reimburses on hours rather than visits. Some patients require 24-hour care and others much less but frequent visits. Patriot states that if the average number of patient visits is 3 per week, in year one the projected cost per visit would be \$460.25 and \$436.66.*